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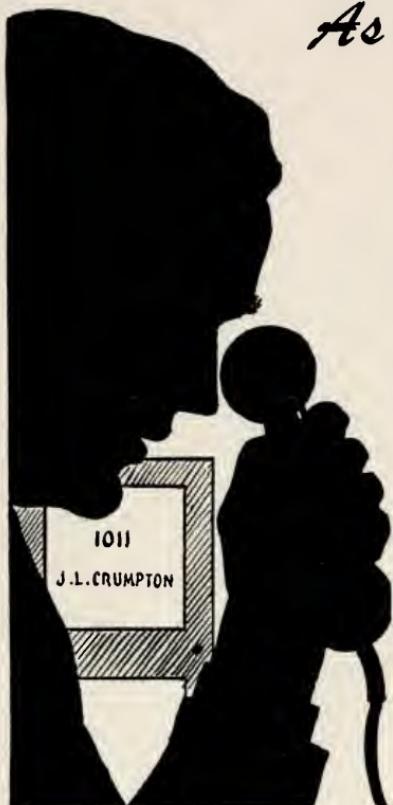
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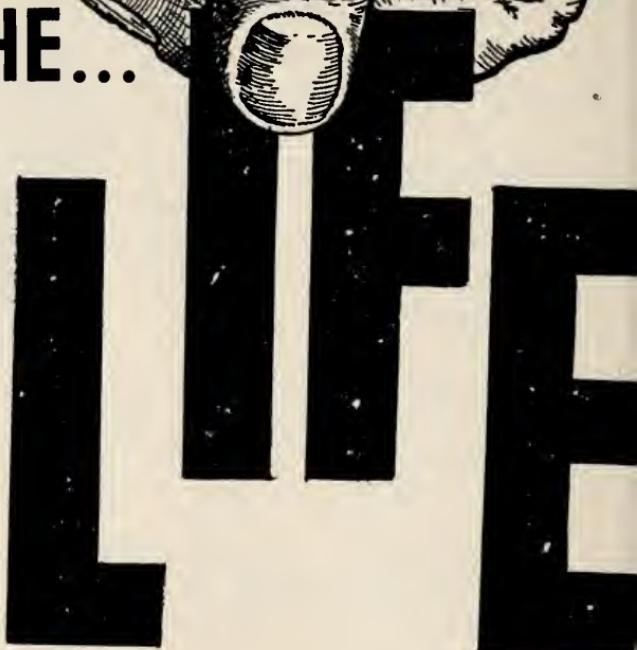
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# THE BULLETIN

of the School of Medicine  
of the University of North Carolina

Published in cooperation with the Whitehead Medical Society  
and the Medical Foundation of North Carolina, Inc.

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Vol. VI

October, 1958

No. 1

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*The new cover of the Bulletin was designed by the Medical Illustration Department of the School of Medicine.*

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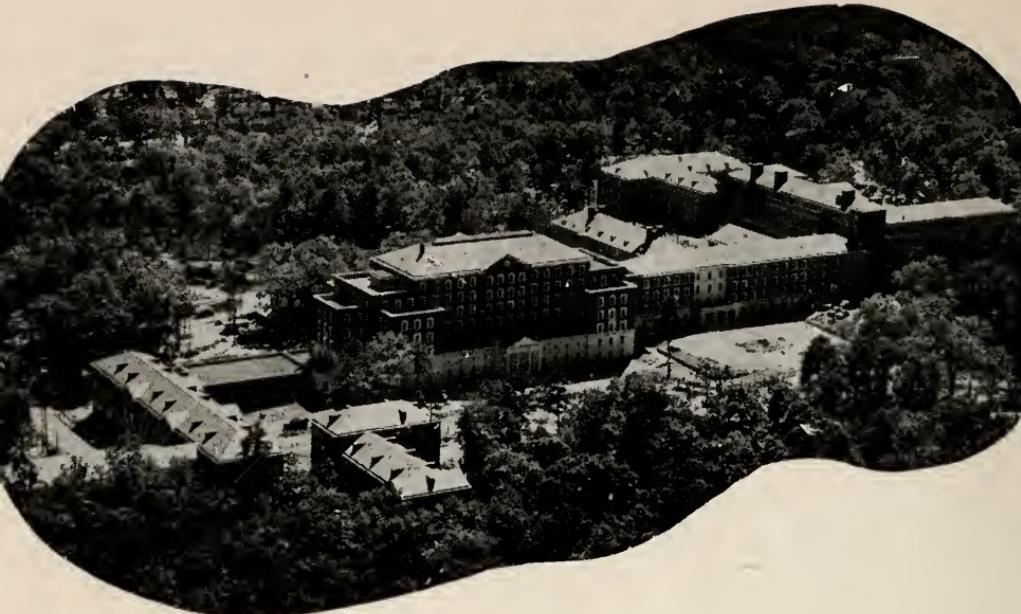
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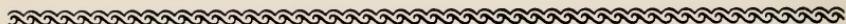
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# *A Message from The Dean's Office*

In one of the early issues of The Bulletin there was an article entitled, The Other Half of the Job, in which was affirmed the acceptance by the School of Medicine of its responsibility for meeting the continuing educational needs of physicians, and for providing leadership and consultative services to help maintain and upgrade the quality of medical care in North Carolina. Since that time much thought and effort have gone into study of needs which the medical school may help meet. Then existing programs have been continued and improved and new approaches have been tried, some of these experimental and others resulting in continuing programs.

For the present year planning for the various continuation education activities is well advanced. Extension courses are under way in Asheville and Morganton, and courses are planned for January and February in the First District and Goldsboro, and for March and April in Raleigh and New Bern. Interest and support for these programs have increased during the past two or three years, and the Asheville and Morganton programs are experiencing record attendance this fall.

The evidence of the significant contribution these programs make is most gratifying. It is believed, however, that an even greater contribution can be made if planning can be moved forward so that schedules are fixed a year or more in advance, and if more county societies, located in the same section of the state, can get together in cooperative plans whereby they jointly sponsor a program each year, rotating the location from year to year.

Perhaps of widest interest among the year's activities is the annual School of Medicine Symposium, to be held at Chapel Hill November 20 and 21. The program is organized on the basis of patient-centered panel and small group discussions, the first day being devoted to cardiovascular disease and the second day to cerebrovascular disease.

Coming up February 6 is the sixth annual Seminar on Occupational Health, sponsored in cooperation with the Occupational Health Committee of the state medical society and the Liberty Mutual Insurance Company. In addition to these formal programs the school is cooperating in two conferences of special significance in relation to the health needs of the state. The first of these is the third Governor's Conference on Occupational Health, under the auspices of the newly formed North Carolina Occupational Health Council, which will be held on February 5th, the day before our seminar, bringing here a large group of industrialists, business men, physicians and officials who are concerned over problems of health related to employment. The other is the fifth annual Conference on Handicapped Children, which will meet February 27 and 28, its program built around rehabilitation with emphasis on children but including also broader aspects of rehabilitation as related to adults.

Shifting our focus from current programs to broader aspects of the extension question, it is important for both the school and its alumni and friends to realize that the extent, variety and success of our efforts in this field in the future depend, in addition to the interest, imagination and support of the

faculty, on a number of factors over which the school has no control, but in respect to which the understanding, counsel and support of alumni and friends can be of decisive importance.

Before enumerating several of these factors we would like to state the faculty's concept of its extension responsibilities. The faculty conceives extension in educational terms and believes that extension activities should be educational in purpose, or should be related to the educational objectives of the school and contribute significantly to its primary teaching and research responsibility. It believes that service simply for the sake of service is not a function of an educational institution, and that the unique resources of personnel and facilities of a medical school and its medical center should be used for those contributions which it is peculiarly qualified to make by virtue of these resources.

The first factor to be considered in determining our program is the needs of the state. What are the kinds of programs and services, appropriate for an educational institution, which will make the greatest contribution to North Carolina in the field of health and medical care? This is a question the faculty constantly asks itself, but its answers can be only partial, without the counsel and guidance of those who are close to the problem in the local communities across the state.

The second factor is the demand for, or at least the willingness to make use of, services which can be offered. The importance of this can be easily overlooked, but it is apparent that no program, however badly needed and however well-conceived, can achieve its objectives unless an effective demand exists or can be stimulated. Here again well-informed friends can help in interpreting needs and stimulating interest and support.

A third factor is that of administrative and financial support. Extension activities are not a by-product of other, presumably more important, activities, nor can they be secured on the bargain counter. In the final analysis the people of the state, through the appropriations made available by the legislature, will determine the size and scope of our extension activities, and their support will depend on an adequate job of interpretation. Support can be expected to follow an understanding of the needs, an awareness of a demand for needed services, and a recognition that extension education, like other educational programs, cannot be self-supporting, that if the public is to reap the benefits in better health of an effective extension program by the School of Medicine, adequate funds and personnel will have to be provided for this purpose.

This brief discussion of the extension question makes clear the importance to the School of Medicine, as it develops its plans for the future, of the continuing understanding, counsel and support of not only alumni and friends, but of all who are concerned that the school shall make the fullest contribution possible to the health of the people of the state, to the ends that we may plan wisely and that the financial support made available may be sufficient to enable us to meet in a worthy manner the challenge of the needs and opportunities which confront us.

William P. Richardson, M.D.  
Professor of Preventive Medicine  
Assistant Dean in Charge of  
Continuation Education

# Mike Shot

WALTER C. BARNES, JR., M.D.

Eniwetok Island is a coral head four feet high, a half mile wide and three miles long. It is the largest island in Eniwetok Atoll and as such is "uptown" to such smaller islands as Bogalua, Japtan and Elugilab. It lies in the Marshall Island group some eleven degrees north of the equator, about where the Doldrums join the Easterly Trades. It is also the headquarters for the AEC Pacific Testing Grounds. The last explains how I came to know the first.

Until April, 1952, I had been happily obscure on the Surgical Service of Valley Forge Army Hospital. Then telegraphic orders announced that I was transferred to Joint Task Force 132 and would proceed by air to report to Task Force Headquarters on Eniwetok, Marshall Islands. I was sure it was all a mistake, but mistake or not the Army went to the trouble to fly me some 10,000 miles to Eniwetok to prove they weren't kidding. You can't imagine how my heart sank as the plane circled over that little hunk of coral and landed!!

Debarkation, consternation, interrogation, resignation and orientation all came in rapid order after landing, with especially generous helpings of consternation and resignation. Quickly I learned that this was "Operation Ivy," that we would engage in supporting the AEC in its nuclear tests and that for some time to come, this was home! The fellow officers whom I met were very pleasant and friendly but seemed quite strange. They wore the sloppiest sort of makeshift uniform, consisting largely of khaki pants cut off at the mid-thigh level, and "gook sandals." A khaki shirt cut off at mid-arm level and khaki baseball cap usually completed the uniform. The thing that worried me most, however, was the fact that these grown men sat around laughing at the same jokes and repeating the same stories day after day. I had heard of being "rock happy" before but this was my first exposure to it. The human mind is a great adapter, however, and within a few weeks I found that the activities of my fellow officers seemed perfectly normal and natural and that each day's air lift disgorged the queerest looking group of stateside personnel one had ever seen.

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\* Dr. Barnes is a member of the Class of 1946. He is now practicing general and plastic surgery at the Southern Clinic, Texarkana, Arkansas-Texas.

Soon each of us settled into our appointed tasks—my own as surgeon to the Group, and the succeeding months brought a constantly increasing build up of manpower, activity, and briefings throughout this period of time made clear to us the purpose of Joint Task Force 132. Our mission was to prove whether or not a hydrogen bomb could be made and exploded! The physicists had previously worked out the entire project on paper and proven to their own satisfaction that a fusion explosion was possible and feasible, and now this was the laboratory experiment on a grand scale.

The fusion explosion had been dubbed "Mike Shot" and as the summer wore on and the tentative date for "Mike Shot" approached, tension increased with the increased activity. If one can imagine thousands of men working feverishly for months at diverse but related tasks toward a common goal, then one can appreciate the mounting tension as that goal is approached. The Air Force Meteorology group was constantly checking and re-checking their long range weather predictions as it was of utmost



*Photo of "Mike Shot" released by the Atomic Energy Commission and the Defense Department in April, 1954. This shot took place in November, 1952 and blew a whole island out of the Pacific.*

importance that shot day be absolutely clear. Any cloud cover or precipitation, or any unpredictable winds would not only make the experiment less than satisfactory, it would make it highly dangerous. Unconsciously each of us became an amateur weather prognosticator and kept an eye cocked toward the skies. Meanwhile the scientists were quite busy constructing the monster and working toward the target date set by the weather group.

Fall came and Shot Week arrived with last minute adjustments of the hydrogen device and rechecking of weather data. On Shot Day minus two we were all placed aboard ship and left the atoll to go to a point some forty miles distant. Because this was a totally new phenomenon which we were about to witness, the physicists were unable to tell us the exact magnitude of the explosion or whether or not Eniwetok Atoll would exist following the shot. They felt however that forty miles would be a safe distance from Ground Zero.

On Shot Day we piled out of our bunks at about 5:00 A.M. and after a hurried breakfast assembled on the decks of the various ships, straining to see in the direction of Eniwetok as the count down progressed. Very dense black smoked glasses had been issued to each of us and we were briefed as to our conduct during the shot. I noticed through the black glasses that the brilliant tropic sun was only a very faint speck and wondered how we could hope to see any explosion with such blinders on. The timing officer droned out 3 . . . 2 . . . and then 1 . . . , and the sky in the direction which we were facing suddenly lighted up with an increasing glow. This began as a brilliant light just on the horizon and increased slowly and steadily in size and intensity until it was many thousand times that of the sun. Even with the dense black glasses on we were blinded for a few moments. The glow must have increased in intensity for four or five seconds and then began to fade slowly away. Then we were allowed to remove the glasses and we could see the familiar mushroom cloud begin to form. The mushroom grew in size as it towered into the sky and as its shimmering white shape steadily moved upward, a physicist kept us informed over the public address system as to what was taking place at each step of the phenomenon, and something of its magnitude. We were able to identify the ice cap as it formed from the condensation and freezing of the vapors carried upward, and at the base we could see the millions of tons of ocean water swept up into the stem of the mushroom. Already jet planes could be seen flying through the cloud, picking up samples of radio-active dust. A few seconds later we felt a blast

of heat almost as though someone had opened an oven door in our faces. Shortly afterwards the sound waves reached us and there was a constant and increasing roar that sounded more like the rumble of thunder than anything else familiar. This roaring increased in intensity for some ten to fifteen seconds and then gradually died away. Slowly the mushroom towered miles into the sky and then began to drift to the southeast, exactly as the meteorologists had predicted! We spent the rest of the day watching this and wondering at the bravery or foolhardiness of the pilots who continued to fly sampling and photographic missions through the cloud.

On the following day we returned to the atoll and our old routines. Ground Zero, an island on the far side of the atoll, no longer existed, and in its place was only a dark blue patch of ocean—the blue attesting to the depth of the hole blasted by "Mike Shot." The subsequent days proved anticlimactic as smaller atomic bomb shots were carried out and then the physicists packed their slide rules and their data and flew back to New Mexico to digest what they had learned.

Our experience on Eniwetok was not quite complete, however, and perhaps Divine Providence had specifically ruled it so. On December 29th we were struck by typhoon Hester. We had been told by the weather service ahead of time that this was a run-of-the-mill typhoon and that we would miss the center of the storm. We prepared for the worst, nevertheless. As the fury of the typhoon was unleashed on Eniwetok we realized that our preparations had been puny in comparison to the forces of the storm.

For some eighteen hours we were completely at the mercy of wind and wave and driving rains. Little by little most of the buildings on the island, excepting the headquarters and hospital buildings and a portion of the mess hall, were swept away. I watched the library building, a well constructed two story affair, leave atop a wave and go sailing off toward Australia. The Officers Club disappeared early in the storm and only the howls of the officers could be heard above the fury of the wind as they watched the bar being swept out to sea. Eniwetok, with its highest point six feet above sea level, was under water during most of the typhoon and water stood in the hospital to bed level. However, we had no serious injuries and no lives lost, a surprising bit of luck. Soon however Hester moved off toward Ikinawa and we began to dig out of the sand and to dry our gear.

*(Continued on page 29)*

# Medical Student Research at Chapel Hill

EDWARD L. STEWART\*

Student research at the School of Medicine has become a "big operation" during the past few years. Some will probably attribute this invasion of the laboratories to the establishment by the medical faculty, some two years ago, of a thesis requirement for graduation. However, the trend had begun before this requirement was set up, and furthermore, the thesis may be based on a review of the literature rather than laboratory or clinical investigation if the writer so desires. Whatever the impetus, the impressive fact remains that 80 students out of a total of 192 rising sophomores, juniors, and seniors were engaged during the summer of 1958 in some form of research program.

At least one student was doing investigational work in every basic science and clinical department in the school. The Departments of Pathology and Surgery headed the field with eleven student researchers each, while the Department of Medicine ran a close third with ten student workers. The wide spectrum of activity, neglecting neither psyche nor soma, was evidenced by the fact that eight students were working in the Department of Anatomy and nine in the Department of Psychiatry. Student representation in the research work of other departments was as follows: Biochemistry, 9; Physiology, 2; Pharmacology, 2; Bacteriology, 4; Parasitology, 1; Pediatrics, 3; Obstetrics and Gynecology, 3; Radiology, 3; Ophthalmology, 2; and Anesthesiology, 1. Two ambidexterous individuals managed to carry on two separate projects simultaneously, each project with a different faculty advisor.

A catalogue of the equipment and techniques utilized by student workers during the past summer covers virtually all of the well established and many of the newer tools and methods of experimental medicine. These included radioisotopes, scintillation detectors and scalers, and continuous flow paper electrophoresis equipment, as well as the more commonly used EEG, ECG, flame photometric, polarographic, and colorimetric apparatus. At least

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\* Mr. Stewart is a member of the Fourth Year Class.

three different students employed the Offner multi-channel recorder to record electrically and simultaneously several physiologic modalities in their experimental animals.

A review of some of the specific projects engaged in by students will give a better impression of the work carried out during the summer of 1958. The projects mentioned have been selected entirely at random and many equally interesting studies are not referred to because of limitations of space.

In the Department of Anatomy, R. K. Creighton, Jr. investigated factors affecting the development of a diarthrodial joint. To evaluate the effects of an absence of innervation he employed limb buds of 3 or 4 day old chick embryos transplanted into the developing coelomic cavity of host embryos. In the same department J. W. Garden approached the presumptive but poorly understood relationship between thyroidal and reproductive function by attempting to determine whether or not there is a difference in thyroid activity in two different strains of mice, one of known low, and the other of known high, mammary tumor incidence.

In Biochemistry the Ehrlich ascites tumor of mice was the material on which several investigations centered. R. W. Miller studied the inhibition of protein synthesis in ascites tumor cells by amino acid analogues, while D. P. Harris worked on the effects of low temperature and other factors on the uptake of isotopically labeled amino acids by tumor cells.

The considerable interest in the School of Medicine in the blood clotting mechanism was reflected in work by students in both the Departments of Physiology and Pathology. R. B. Payne attempted separation and purification of the Hageman coagulation factor, utilizing continuous flow electrophoresis, while R. A. Farrell carried out work aimed at the identification of various serum esterases and an evaluation of their effects on the clotting mechanism.

Studies of renal disease were undertaken in both the Bacteriology Department and the Department of Medicine. F. L. Fussell



began an evaluation of the criteria now used in the diagnosis of chronic pyelonephritis, including the Addis count, colony counts, direct study of the urine sediment, clinical history, and renal biopsy. In addition he attempted to correlate with these older diagnostic approaches a new hemagglutination test. R. L. West initiated a study to determine whether large urine outputs prevent the development of pyelonephritis in the rat following an intravenous injection of *E. coli*, and furthermore, whether dehydration makes the rat more susceptible to renal infection.

Considerable interest in the Department of Medicine centered around cardiac problems. G. W. Gentry, Jr. studied the incidence of digitalis toxicity among patients entering North Carolina Memorial Hospital as evidenced by ECG records, and reviewed charts of such patients to determine possible contributing causes. J. E. Harvey, Jr. investigated the isotonic shortening velocity of the isolated, perfused rat heart, utilizing an ingenious experimental set-up which defies brief description. W. N. Michal, Jr. made plans to evaluate the relationship of sleep to central venous pressure and heart rate, hoping to shed some light on the mechanism of paroxysmal nocturnal dyspnea. E. V. Joines projected an interesting and unusual study of the influence of certain weather elements on the occurrence and exacerbation of congestive heart failure. Several hypotheses concerning temperature, wind-speed, and barometric pressure were tested with reference to the onset of episodes of failure.

Working with Dr. Colin Thomas in the Department of Surgery, R. P. Linker investigated the adsorption of  $I^{131}$ -labeled rose bengal onto gallstones in rabbits and dogs, hoping to work out a method for the detection of common duct stones at surgery. In the laboratory of Dr. Richard Peters several studies were carried out, including investigations of the inter-relationship of the pulmonary and bronchial circulation (D. L. Holder), of the effects of hypercapnia and hypoxia on the respiratory center and on vascular and bronchomotor tone.

Finally in the psychiatric wing a number of student investigations were in progress. N. A. Desrosiers evaluated "short-term"



or "goal-limited" psychotherapy as a practice tool for use by the general practitioner or other professional worker. C. E. Trado investigated psychiatric medical education, and as part of his project undertook the writing of scripts for kinescopes to be used as teaching aids in the instruction of medical students in psychiatry. The problems of patient adjustment to a psychiatric ward situation were appraised by C. R. O'Briant.

To suggest the truly protean interests of student researchers at Chapel Hill the foregoing descriptions of projects have of necessity been sketchy. It is not to be anticipated, and perhaps not even to be desired, that more than a very small percentage of these young investigators will go on to choose a research career. However, only the most die-hard advocate of a strictly clinical emphasis in medical education would contend that they have not added significantly to their medical acumen by asking and attempting to resolve a few of the many unanswered questions of medical science.

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# Rockefeller Grant Announced

DR. CHARLES H. BURNETT\*

The Rockefeller Foundation announced in July a grant of \$250,000, available during the next five years, to the Department of Medicine for the general purpose of enhancing the activities in that and other departments. The Foundation funds will be used for a number of purposes. One of the most important of these will be centered around the further development of the General Medical Clinic in conjunction with the Department of Preventive Medicine. This Clinic was initiated at the time the hospital and four-year medical school opened in 1952, and at that time was supported by funds from a Commonwealth grant. Augmentation of the Division of Dermatology in the Department of Medicine is also planned.

A significant proportion of the funds will be used to support faculty members whose interests lie in both the basic science areas and in clinical investigation and who wish to teach in both of these areas. Candidates are being sought now with competency in biochemistry, in clinical medicine and in clinical investigation in order to supplement and intensify the teaching of biochemistry, both during the first two years in medicine and during the clinical years.

It will be possible now, also, to activate the Metabolic Ward for the use of all of the clinical departments. The opening of this ward will represent the realization of plans which were made prior to the opening of the hospital, and will make possible a rounding-out of the research program in several of the clinical departments not heretofore feasible.

Because of the recognized importance of the contributions made by our part-time staff to the teaching program, a series of weekend conferences are planned, to be held at a neighboring but central hotel, to which at least one visiting professor will be invited to participate. Discussion of aims and methods of teaching between these two groups should improve the effectiveness of our teaching program. It is felt that these conferences are especially important in our setting, inasmuch as some of the members of the part-time staff of the Department of Medicine

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\* Dr. Charles H. Burnett is chairman of the Department of Medicine at the University of N. C. School of Medicine.

come from distances as great as 100 miles each week. The first of these conferences is tentatively scheduled for the middle of January of next year.

Members of the Department of Medicine have been increasingly impressed with the opportunity for studying the genetic aspects of disease in this state, and several such studies have been carried out or are underway. We have been most fortunate in a close association with Dr. John Graham, in the Department of Pathology, in this phase of investigation. It is planned to use Foundation funds to expand these efforts as well.

Finally, the University recognizes the opportunity of extending its educational services through cooperation with foreign medical institutions, and with Foundation funds has projected changes that will enable the Department of Medicine to assume an active international role during the next five years. To fulfill these additional functions the Department will add several more faculty members to its staff. It is anticipated that some members of the faculty will be assigned visiting appointments abroad where they can utilize their special competence in their fields of interest, while professors brought to Chapel Hill from foreign institutions will participate in North Carolina's teaching and research program.

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North Carolina Memorial Hospital at the University of North Carolina observed its sixth anniversary on Tuesday, Sept. 2.

The hospital was opened to receive patients on Sept. 2, 1952. On the day the hospital opened 78 beds were available for patient care and the hospital staff numbered 215 persons. Today the hospital has a capacity for 350 patients and the staff has grown from 215 to 957.

Last year, on the fifth anniversary of the hospital opening, a plaque was unveiled carrying the names of 168 staff members of Memorial Hospital and the UNC School of Medicine. These were the persons who had continuously served the school and hospital for five years. An additional 100 names were added to the plaque this year.

Since the hospital opened six years ago, 283 physicians have graduated from the UNC School of Medicine. These men and women received their clinical training at the hospital. 411 doctors received their intern or resident training here.

A total of 209 students of the UNC School of Nursing have been educated at Memorial Hospital. The graduates of this school are now holding positions in the nursing profession throughout North Carolina.

In these six years, 741,393 patients (as of July 1, 1958) have been admitted. Patients have been admitted to the hospital from each of the 100 counties of the state.

# “While Diplomats Exchanged Notes”

MARY NIES\*

While diplomats exchanged notes, students from Russia and the United States exchanged visits this summer under official auspices. One group of Russian graduate students, in Chapel Hill as part of the US-USSR Summer Exchange Program, visited Memorial Hospital where Dr. Ernest Craige acted as their guide.

Only one of the Russian visitors on the hospital tour was connected with the medical profession—Grant Demirchoglyan, who was described as a “Doctor of Biology (optics),” and is a professor at Ervinen University in Armenia. The others were Vladimir Belusov, an architectural student; Georgi Danilov, graduate student in Philology (who spoke English fluently); Salakhiddin Nazarov, History student; and Boris Ponomarev, assistant secretary of the Soviet Youth Committee.

As Tarheels would expect, the weather on the last day of July was hot. The visitors were dressed in appropriate summer slacks and sport shirts, but were frankly astonished at the temperature. To cool them off somewhat, the group was taken from Lenoir, where they had eaten lunch, to the Hospital’s Out-Patient Department half an hour before their tour was to begin. After allowing them to “decompress” for a while, they were ushered on a spur-of-the-moment trip through Physical Therapy and the Eye Clinic.

One of the best aspects of the tour for those planning it was the complete cooperation received from all hospital personnel. Miss Margaret Moore, in PT, had no idea she would be receiving foreign visitors, but rose to the occasion graciously. The Russians crowded around the hydrotherapy apparatus and seemed particularly impressed by the sling arrangement for hoisting patients into their baths. The first translation difficulty turned up here when it appeared that there is no Russian word for “bubbles.”

In deference to the professor of Optics, the group next visited the Eye Clinic, where Dr. George Meyer courteously

---

\* Mrs. Nies is Public Relations Director of the North Carolina Heart Association, which sponsored the visit of the Russian students to the hospital. She kindly wrote this account at the request of the Editorial Board of the Bulletin.

received the unexpected Soviet delegation. After carefully inspecting the facilities, Dr. Demichoglyan with the assistance of the Philology student, asked about fees to patients. At first it seemed he was interested in how poor patients managed, and Dr. Meyer explained about the State Blind Commission and the help furnished by the Lions Clubs. But as the questions continued, it became clear that he wanted to know the top fees received by specialists. When Dr. Meyer, using the removal of a cataract as an example, mentioned what a leading eye surgeon might charge (not at UNC, he made clear), it seemed to the onlookers that Dr. Demirchoglyan's eyes grew larger and perhaps a bit dreamy.

From contemplation of such a phenomenon, the professor and his companions were taken to the Board Room and the beginning of the planned program.

Since the tour was being sponsored by the North Carolina Heart Association, John Manning, Chapel Hill lawyer, who is the Association's president, gave a word of welcome and explained the role of a voluntary health agency. Here another interesting translation difficulty arose over the meaning of "public health." Dr. Craige gave a resume of what a public health department does, and this seemed to clear up the matter. All of the students had notebooks in which they wrote intently during the talks.

Dr. Craige told the visitors something about Memorial Hospital and using his eloquent sketching pad and chalk, explained the use of the heart-lung pump in open heart surgery. The group then went up to the laboratory where Dr. Robert Zeppa and his team had prepared a laboratory animal to demonstrate the pump.



*Dr. Robert Zeppa demonstrates use of the heart pump.*

Catching a glimpse of the pump through the open door, one visitor turned hastily away. When invited to join the group in the lab, he backed off, searching for words of explanation. "Thank you very much," he finally managed, "but I do not like blood."

The rest of the Russians appeared fascinated by the demonstration. Dr. Zeppa had opened the chest cavity of the dog and the heart was exposed. The visitors crowded around him as he outlined the procedure and explained how the pump is used for human heart operations. One of the students asked whether these operations are performed in only a few centers, and was told that open heart surgery is being done throughout the country.

From the heart lab, the group went to the seventh floor where Dr. Wilma Castle led them on a quick tour of the facilities for children. Since the extension was under construction at that time, they saw the temporary playroom and chatted with some of the hospital personnel. One of the visitors was interested in the way premature infants are cared for, explaining that his aunt back in Moscow worked in a hospital center with prematures. Dr. Craige saw to it that he received some literature on this subject before he left.

Back in the Board Room, the Heart Association served lemonade and cookies while the group asked questions of Doctors Craige, Zeppa, Castle, and Mr. Manning. Among the queries: have any American researchers succeeded in transplanting the heart from one laboratory animal to another? They said this is being tried in Russia, but so far unsuccessfully. What about research on the damages caused by atomic fall out? Do American scientists receive Russian scientific publications? They mentioned that U. S. medical journals are widely available in translation in Soviet libraries. How is it possible for Dr. Craige and other physicians at Memorial to engage in research, carry patient loads, and teach medical students? In the Soviet Union, the Government furnished money and facilities for research and scientists were assigned to projects full time, unimpeded by other duties.

At the end of this session, the guests thanked their hosts and took off for a swim in the University pool. Later, Mrs. Ruth Purkapple, representative of the U. S. Committee on Friendly Relations Among Foreign Students, reported to a staff member of the Heart Association that the Russians told her a high point of their entire U. S. tour was this visit to Memorial Hospital. It

*(Continued on page 29)*

## A Salute To Admiral Ross

It is gratifying to physicians, who superstitiously see adversities traveling in companies of three, to find that good fortune



sometimes comes in abundance also. Such has been the case for Dr. Robert A. Ross, Professor and Chairman of the Department of Obstetrics and Gynecology, whose portrait is seen on this page. The portrait, painted by Mr. Rolfe Stoll, was presented to Duke University School of Medicine on October 3, 1958, by The "Nick" Carter Travel Club, a group composed of former residents of Dr. Carter and his erstwhile colleague, Dr. Ross.

Despite Samuel Johnson's admonition that "being in the navy

is like being in jail, with the added hazard of being drowned," Dr. Ross has persisted in his admiration for this branch of our armed forces, which he has served faithfully in war and peace. Recently his devotion was recognized officially by appointment as Rear Admiral, USNR, assigned as Commandant's Representative, Sixth Naval District, "with appropriate duties." Though one wonders what the appropriate duties of an obstetrician-gynecologist in the Navy are, the sagacity of the service cannot be doubted in this instance.

In addition to these honors, Dr. Ross has also recently been made president-elect of the American Association of Obstetricians and Gynecologists, vice-president of the American Gynecological Society, and president-elect of the Tri-State Medical Society.

We are pleased with these formal acknowledgements of the wisdom, integrity and professional capability of this gracious physician, qualities which those of us who have been associated with him have perceived for so long.—W. S.

# Presenting The Alumni

## DR. CHARLES P. GRAHAM

Dr. Graham was born in Wallace in 1907 and was raised in Wilmington where he attended public schools. He graduated from UNC with a B.S. in Medicine in 1930 and received his M.D. degree from the Harvard Medical School two years later. While here at UNC he was a member of the Phi Beta Kappa Scholastic Fraternity.

He served as house officer East Surgical Service, Massachusetts General Hospital from 1933 to 1935 and was house physician in 1935 at Boston Lying-In Hospital. He was assistant resident of Neurosurgical Service at Massachusetts General Hospital the following year and served as resident surgeon at James Walker Memorial in 1936-37.

He was on active duty as a naval medical officer during World War II and saw action in the Pacific Theater.

He is engaged in the practice of general surgery in Wilmington and has served as president of the New Hanover County Medical Society.

Dr. Graham is a member of numerous state and national professional organizations. He is married to the former Miss Jean Victor McKoy of Wilmington. They are the parents of three children. The oldest, Charles Jr., is a sophomore at UNC and a Morehead Scholar.



## The Class of 1954

It was only four short years ago when the first class since 1910 received the degree of Doctor of Medicine from the University of North Carolina School of Medicine.

At the time this class graduated, it wanted to take some action that would help other students who would follow in the years to come. The members of the class established the Class of 1954 Student Aid Fund and pledged to contribute a stated amount of money within a 10 year period.

Although these young physicians have been serving internships and residencies at token salaries, they have not forgotten their pledges.

The fund has grown in four years to a size where it may be of service to present-day students. A few weeks ago, the first loan was made from this fund.

The seeds planted by the Class of 1954 are now bearing fruit for the students of the School of Medicine.

# Presenting The Faculty

## DR. BILLY BAGGETT

Dr. Baggett joined the faculty of the UNC School of Medicine in September, 1957. He is an assistant professor of pharmacology and biochemistry and a United States Public Health Service Senior Research Fellow.



He is a native of Oxford, Mississippi and received his bachelor of arts degree from the University of Mississippi in 1947. His Ph.D. degree was awarded by St. Louis University in 1952.

From the time Dr. Baggett received his graduate degree until he came to UNC, he was instructor in biological chemistry at the Harvard Medical School and assistant in biochemical research, and later assistant biochemist, at the Massachusetts General Hospital.

Dr. Baggett is married and is the father of four children.

He is a member of numerous professional organizations. Among them are: American Society of Biological Chemists, Endocrine Society, American Association for Cancer Research, American Chemical Society, American Association for the Advancement of Science, and the New York Academy of Science.

## DR. RICHARD L. DOBSON

Dr. Dobson joined the UNC School of Medicine faculty as an instructor in medicine (dermatology) in the summer of 1957 and a year later was promoted to assistant professor.

He is a native of Boston and did his undergraduate work at the University of New Hampshire. After serving in the navy during 1946 and 1947, he returned to the University of Chicago School of Medicine and was granted his M.D. degree in 1953.

His internship was served at the Cincinnati General Hospital. He became a fellow in dermatology at the Dartmouth Medical School in July 1954, a position that he held until September, 1955. At that time he became a research fellow in dermatology at Dartmouth and remained in this position until February, 1956.

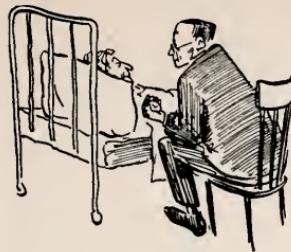
Dr. Dobson became a public health service research fellow at the National Institutes of Health after leaving Dartmouth and remained there throughout 1956.

For the first six months of 1957 he was an assistant in dermatology at the Hitchcock Clinic at Hanover, N. H.

He has passed all of the requirements of the American Board of Dermatology and his certificate will be issued next year.

He is a member of numerous state and national professional organizations.





## ALUMNI AND FORMER HOUSE STAFF NEWS ITEMS

Frank Green, '56 (Medical intern, '56-'57) is a Battalion Surgeon with the Army in Germany and reports that he, Mary and son Roger are enjoying their stay in Europe. His address is: Capt. Francis Green, Hq. Btry., 2nd F.A. Bn.; 16th Army, 4th AD; A.P.O. 326, New York, New York.

John L. Watters, '50; Maryland, '52 (Intern, '52-'53; U.N.C. Infirmary, '53-'54) is doing general practice in Greenville, N. C., where he is a partner in the Greenville Clinic and is on the active staff of Pitt County Memorial Hospital. Jack and Beth and their five children reside at 1605 Oaklawn Avenue, Greenville, N. C.

Henry M. Ware, Virginia, '55 (Mixed internship, '55-'56) had four months of obstetrics and gynecology at Norfolk General Hospital after leaving N.C.M.H. He is now a general medical officer in the Air Force. After his discharge from service in November of this year he hopes to go into a residency program. Henry and Harriett have one child, who was born in January of 1958.

Griggs C. Dickson, '55 (Mixed internship and pediatric residency, '55-'57) is doing pediatrics at the U. S. Naval Hospital in Portsmouth, Virginia.

Robert E. Mabe, Harvard, '50 (Residency in medicine, '53-'54) writes that Nat Swann, '54, has recently become associated with him in group practice in Chattanooga, Tennessee.

O. F. ("Bo") Roddey, Jr., '55 (Mixed internship, '55-'56) is now taking a residency in medicine at Strong Memorial Hospital in Rochester, N. Y. following 18 months in the Navy and 6 months at the Miners Memorial Hospital in West Virginia.

Nicholas A. Love, '50; Virginia, '52 (Internship and residency, '52-'54; U.N.C. Infirmary, '54-'55) is in the practice of general medicine in Raleigh, N. C.

Thomas A. Noone, Marquette, '47 (Residency in obstetrics and gynecology, '57) is in the practice of obstetrics and gynecology in Haddonfield, N. J. From January through June of 1958 he took a course in ob-gyn. pathology at Jefferson Medical College.

William H. Davis, Jr., Duke '44 (Pediatric residency, '52-'55) is a partner in the private practice of pediatrics with Dr. Charles C. Stamey, '51; Harvard, '53 (Pediatric residency, '54-'56) in Winston-Salem, N. C. During 1956-57 Charles was a Research Fellow in Pediatric Hematology at Harvard. Both are Clinical Assistants in Pediatrics at Bowman Gray School of Medicine.

Joseph D. Corpening, Duke, '52 (Pediatric residency, '54-'55) is practicing pediatrics in Salisbury, N. C.

Malcolm McLean, '56 (Intern, '56-'57) has been stationed with the 82nd Airborne Division at Fort Bragg, N. C. Recently Mac joined the Regu-

(Continued on page 29)

\* Edited by W. W. McLendon, '56, Resident in Pathology.



## WITH THE FACULTY

### BACTERIOLOGY

Dr. Gordon Sharp, Professor of Biophysics in the Department of Bacteriology, attended the fourth International Congress of Electron Microscopy in West Berlin, Germany, recently.

The meeting, attended by scientists from all over the world, was held September 10-17 under the auspices of the German Society for Electron Microscopy. At the meeting Dr. Sharp served as symposium chairman for a discussion on "Quantitative Virology." He also delivered a paper on "Problems in Virus Counting."

### BIOCHEMISTRY

Dr. Carl E. Anderson attended the Fourth International Congress of Biochemistry at Vienna, Austria, September 1-6, 1958 to present a paper entitled, "The Metabolism of Plasmalogens."

Dr. Ralph Penniall has joined the staff of the department as Assistant Professor of Biochemistry and Advanced Research Fellow of the American Heart Association. Dr. Penniall received the Ph.D. degree from the University of Iowa in 1953. He has been Assistant Professor of Biochemistry at Baylor University College of Medicine and National Science Foundation Research Fellow at the Enzyme Institute of the University of Wisconsin. Dr. Penniall's research is concerned with a study of the adenosine triphosphatases of the mitochondria of heart muscle and with an investigation of the effects of salicylates upon oxidative phosphorylation in brain.

Dr. Fred E. Bell has been appointed Instructor in Biochemistry. Dr. Bell has been Instructor in Biochemistry at the University of Virginia School of Medicine and Research Fellow in the Huntington Laboratory of the Massachusetts General Hospital. His research is concerned with a study of the mechanisms of amino acid activation and protein biosynthesis.

Dr. Claude McClure has been awarded a Special Traineeship by the National Institute of Neurological Diseases and Blindness. His research in our Department of Biochemistry will involve a study of the isolation and biosynthesis of the histones of normal tissues and tumors. Dr. McClure received the M.D. degree from Bowman Gray School of Medicine in 1950 and an M.S. degree in Physiology in June, 1958.

### PATHOLOGY

Dr. K. M. Brinkhous, Professor of Pathology, opened a week-long symposium at the International Congress of Biochemistry in Vienna, Austria, on September 1, 1958, with a lecture on "Some Biochemical Aspects of the Antihemophilic Factor." Dr. Robert H. Wagner, Assistant Professor of Pathological Chemistry, was a co-author of the paper. Dr. Brinkhous also acted as Chairman of the Symposium on Hemophilia at the International Congress of Hematology held in Rome, Italy, on September 19, 1958.

Dr. John B. Graham, Professor of Pathology, addressed the International Association of Blood Banks in Rome, Italy, September 3-7, 1958, on the

(Continued on page 28)



## HOUSE STAFF NOTES

John Kirkland, '50, (Harvard '52) is Chief Resident in Obstetrics and Gynecology for the year 1958-59.

Carlos Bravo (Universida Nacional Majorde San Marcos, Lima, Peru) is Affiliate Resident in Obstetrics and Gynecology at the Robeson County Hospital.

John Barrett (New York Medical College) is Exchange Resident in Obstetrics and Gynecology from the Margaret Hague Maternity Center.

William Easterling, '56, is at the Margaret Hague Maternity Center.

New House Staff members in Obstetrics and Gynecology for 1958-59 are James H. Burrus, '57, Robert G. Brame, '55, and Leonard S. Woodall, '56.

The following individuals became first year residents in the Department of Psychiatry on July 1, 1958: John I. Boswell (Virginia); Edgar S. Heath (McGill); Atsushi Kishimoto (Niigata University School of Medicine, Niigata, Japan); Herman Lineberger

(U.N.C. '54); Mario-Perez-Reyes (National University of Mexico Medical School); Eugene Stathacos (U.N.C. '57); Eugene Taylor (Washington University, St. Louis); and Bryce Templeton (Western Reserve University).

Dr. Aristomenis Kargas (University of Athens Medical School, Athens, Greece) joined the Department of Psychiatry in August as a second year resident. He did his first year of residency at the Wayne County General Hospital, Eloise, Michigan.

Dr. George Barnard (U.N.C. '55), Dr. Cesarina Paoli (University of Florence, Florence, Italy), and Dr. N. N. Sinha (Darbhanga Medical School, Bihar, India) joined the Department of Psychiatry as third year residents. Dr. Barnard did the first two years of his residency at the Menninger Clinic, Topeka, Kansas; Dr. Paoli at Duke University; and Dr. Sinha at the Indian Mental Hospital, Bihar, India.

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## STUDENT ACTIVITIES

### *Class of 1960*

Approximately 60% of the 1960 medical class worked at North Carolina Memorial Hospital this past summer on various and interesting research projects.

Many of the rest worked as externes in nearby hospitals.

Those married this past summer were: Jefferson Bulla—Susan; James Campbell—Alice Faye; John Curtis—Elizabeth; Thomas Fox — Landon; William Huff—Anne; John Cotten Tayloe—Anne.

Only one baby was born—A boy to Ferrel Ann and James (Buddy) Harper.

### *Class of 1961*

This past summer the second year class had seventeen students remaining in Chapel Hill to participate in summer projects. This number, how-

ever, excludes the many others who affiliated with other hospitals, but it reflects the general interest in research activities that characterizes the entire class.

We are pleased to welcome Michaela Gabriel to our class this year. She had been previously a student in Jerusalem and plans to return there at the completion of this year with her husband, who is studying in the Statistics Department on campus.

Several of the students trod the last mile of the nuptial noose to throw the percentage past the halfway mark. Bob Noel and Bobby Richardson kicked off the season to be followed by Josh Tayloe and Charlie Boyette (while vacationing in Mexico).

We finally reassembled full of fresh enthusiasm to renew our studies and empty the family coffers.

## WITH THE FACULTY

*(Continued from page 26)*

topic "Effects on the Clotting Factor, PTC, of Collection and Storage Under Routine Blood Bank Conditions." Dr. Graham also addressed the International Congress of Hematology and was a participant in the Hemophilia Symposium.

### SURGERY

The promotion of three faculty

members of the Department of Surgery has been announced by Chancellor William B. Aycock, with the approval of President William C. Friday and the UNC Board of Trustees.

Dr. Gordon S. Dugger and Dr. Kenneth Sugioka were promoted from assistant professors to associate professors. Dr. Erle E. Peacock, Jr. was promoted from instructor to assistant professor.

## FORMER HOUSE STAFF

(Continued from page 25)

lar Army and is now beginning an Army residency. While at Fort Bragg, Mac was a neighbor of Marvin McCall and Bill Stafford, both of the class of '56.

James Fresh, '57 (Intern in pathology, '57-'58) was recently called to active duty by the Navy and is stationed at the Marine Corps Air Facility, New River, Jacksonville, N. C.

T. C. Stoudemayer, Tennessee, '49 (Residency in obstetrics and gynecology, '52-'54) is now in the private practice of obstetrics and gynecology in Greenville, S. C.

## MIKE SHOT

(Continued from page 12)

It had been a profitable year in every respect. We had seen a most awesome and indescribable force unleashed by American scientists, and yet GDod in His wisdom had seen fit to slap us with typhoon Hester—not a really big typhoon, just a run-of-the-mill size storm, to show us that we were not yet all powerful. One wonders if Mankind is ready to handle the awesome power that he has unleashed with nuclear reactions, and yet in comparing these with some of nature's own forces I realize that we have barely scratched the surface!

## DIPLOMATS

(Continued from page 21)

is, perhaps not surprising that their first reaction was spontaneously enthusiastic, and that only when they returned home, they spoke more in line with official criticism of conditions in the United States.

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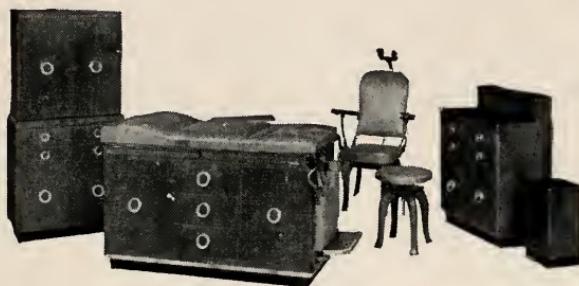
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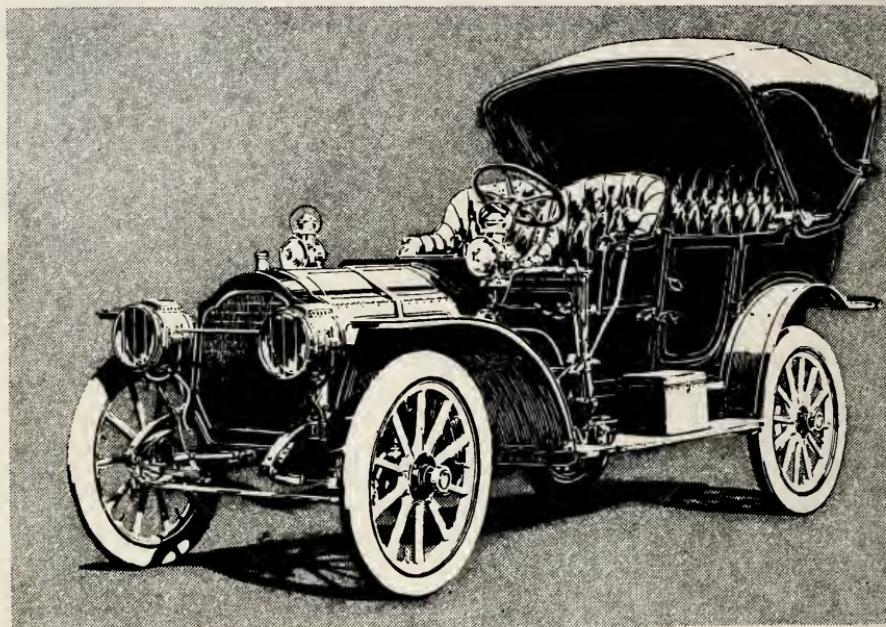
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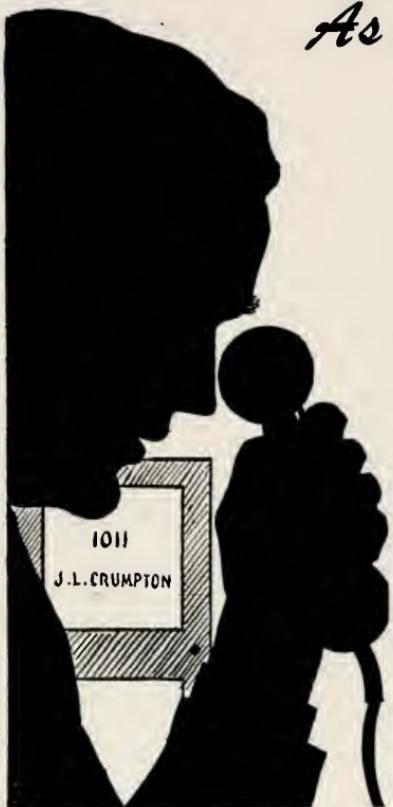
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December, 1958

No. 2

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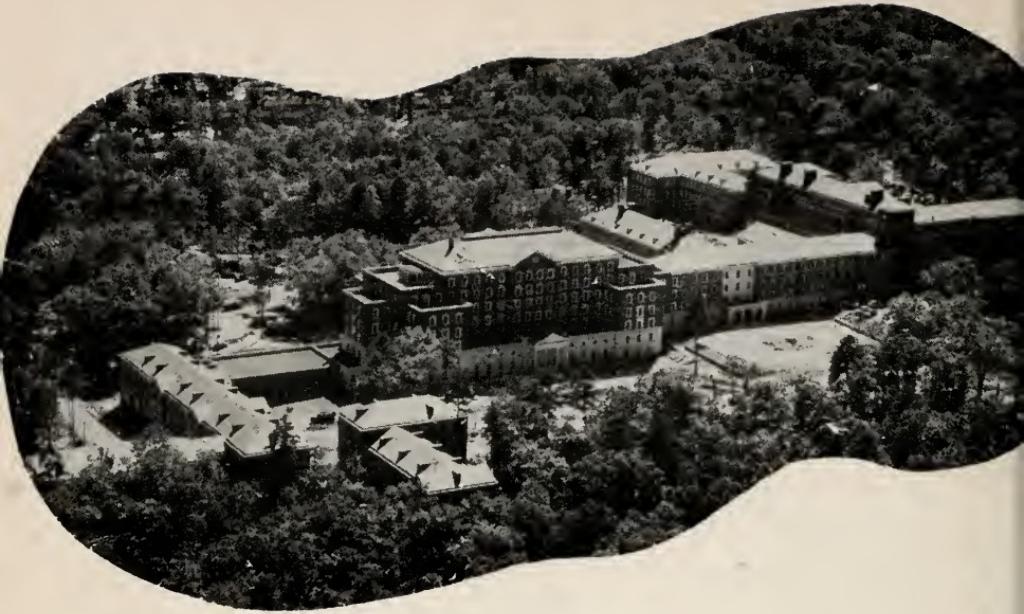
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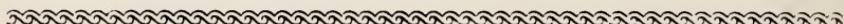
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# *A Message from The Dean's Office*

One of the functions of that segment of the Dean's Office which deals primarily with student affairs concerns assistance and counsel to the senior students in obtaining internships.

The need for deciding the type and place of internship begins to seriously concern the student in his junior year and occupies an increasingly large portion of his time and thought during the summer and fall of his last year in medical school. For the student the decision of where to intern is often a difficult and certainly an important one. To assist him, the Dean's Office attempts to assume some responsibility for answering the many questions which arise and for administering the details of the National Intern Matching Plan.

The National Intern Matching Plan (NIMP), now entering its seventh year, has been a vast improvement over the previous uncontrolled methods of obtaining internships. Almost one hundred per cent of the hospitals and senior medical students in this country operate under control of the NIMP. Before this plan came into being, a great deal of turmoil occurred each fall as students and hospitals sought to reach some agreement on house staff positions. To understand the reason for this past confusion, one has to consider that there are about 7,000 medical students graduating each year to fill about 12,000 internships. Each year, then, large numbers of hospitals received less than their quota of interns or no interns. Other institutions frequently had more applicants than they could accept. Because of the fact that there were more jobs than applicants, many hospitals, to insure that they would get some house staff, felt it necessary to put pressure on the interested students to accept a position with them at a very early date. In some instances appointments were being accepted in the third year in medical school. The result was generally unsatisfactory and had the effect of the student committing himself to a position before he had an adequate opportunity to think about what type of program he wanted, and often before he had time to investigate other hospitals. Contracts were sometimes broken under these circumstances and led to ill will and reflected on the profession in general. In order to try to bring some order out of chaos, to allow the student adequate time to decide where and what type of internship he wanted, and to allow the hospitals adequate time to decide whom they wanted on their house staff, the NIMP was formulated. As it now functions, this plan allows both the student and hospital complete freedom of choice to state their preferences without outside pressure being applied. The student lists the hospitals in the order of preference in which he wants them, and the hospitals do likewise with the students whom they prefer. The student may not inquire of the hospital how it will rank him, and the hospitals may not inquire of the student how he, in turn, will rank them. This rule is a further attempt to reduce the pressure on the participating parties. The lists of preferences are sent to the central office of the Matching Plan. Here the student's list is matched against the lists of preferences of the hospitals, and the student obtains the internship at the hospital highest on his preference list which has

a place for him. The announcement of the results of the Matching Plan are released simultaneously to all medical schools and hospitals on a pre-determined date in the spring of the senior year. Under this system, with a minimum of confusion, the student is given the best opportunity possible to get the internship of his choice, and the hospital is likewise given the best opportunity possible to get the house staff of its choice.

The initial phase of this medical school's advisory program begins in the spring of the junior year at which time the Matching Plan is fully explained to the students. Although not mandatory, participation has been unanimous. Also, during the spring, a meeting is held at which the heads of the clinical departments in the hospital are asked to give their views to the students regarding the best type of internship program for those persons desiring to enter the particular specialty which each professor represents. Because many students are also interested in the type of training best suited for general practice, the views of a leading general practitioner are also obtained. An unusual opportunity exists at this time, therefore, for an exchange of ideas between the heads of the clinical departments, the general practitioner, and the participating students. Our feeling has been that much valuable information and help is obtained by this device.

At the beginning of the fall quarter of the senior year individual appointments are arranged between each senior medical student and a representative of the Dean's Office. At these interviews and in later discussion, if indicated, further opportunity exists for consideration of individual problems. Questions most frequently asked concern (1) the relative merits of the university hospital versus the non-university hospital, (2) the relative merits of a large city hospital versus the smaller type institution, whether it be a university or non-university affiliated hospital, (3) the advantages and disadvantages of the rotating internship as compared to the straight or mixed internship. Of course, many students are also concerned about their academic records, and how this will or should affect their chances of obtaining the internship of their choice. In trying to answer these and many other questions which arise, an attempt is made to take into consideration the direction of the student's apparent interest and aptitudes in medicine. The ultimate decision regarding the internship obviously rests with the individual. However, by these discussions, the Medical School hopes to help insure postgraduate training of the best possible quality and of the type and character which will best serve in furthering the student's future medical career.

John M. Sorrow, Jr., M.D.  
Assistant Professor of Medicine  
Assistant to the Dean

# The Whitehead Lecture\*

CHARLES H. BURNETT, M.D.

Medicine is an ancient and honorable profession which has during the last half century undergone more advances than has been true during the entire prior history of medicine. Despite this great heritage, and despite the sure fact that medical care has been vastly, almost unbelievably, improved, the doctors in this country are viewed with suspicion and antagonism by an undetermined but significant proportion of the people. It is my conviction that it is time for all of us—students, medical educators, and physicians—to examine the reasons for this atmosphere of discontent toward our profession which historically has usually enjoyed the respect—and at times an almost unhealthy awe—of the people.

A survey of the most common complaints reveals rather repetitious areas of censure. Frequently we hear that a patient can't get his doctor or a doctor to see him when he is sick; indeed, I can remember one such instance that was reported widely in newspapers. It is alleged that the average doctor is more interested in his income than in the welfare of his patients. The physician, especially in a clinic setting, is said to be an impersonal individual uninterested in the patient's personal problems. Patients frequently voice the desire to return to the general practitioner that took care of him and his family when he was a child. One is told that all the doctor does is a series of expensive examinations at the end of which the patient feels no better, and no treatment is prescribed. If these criticisms and others like them actually apply to the majority of physicians, then we have in fact abrogated our responsibilities. Further, the responsibility for such a state of affairs would surely start with the teachers who introduced the physician into his profession. Clearly we should neither reject in anger and hence disregard all of these judgments, nor should we accept them without examination as true. We must seek for the reasons for such opinions and take steps to correct errors where they exist, and explain to the public where or why criticism is unfounded if this be the case.

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\* The above address was delivered before the Whitehead Medical Society of the University of North Carolina School of Medicine on September 16, 1958. Dr. Burnett is Professor and Chairman of the Department of Medicine.

I believe it best to admit honestly and at once that all of these criticisms do apply to some physicians. Doctors being human beings it seems quite inevitable that some will be lazy, some irresponsible, some greedy, and some unintelligent. Whether the percentage of such individuals is greater than formerly could be debated. The medical profession has always assumed its own responsibility for maintaining and preserving high standards of behavior. If indeed these standards have been lowered by some of our colleagues, we should take strenuous action against them. Similarly, we as medical educators and you as students should not allow any student who shows certain evidence of failing to live up to the well-established principles of medicine to continue in medical school. However, in addition to the disrepute a proportion of our profession—and the proportion must be small—may cast over the entire profession, I believe for other and probably more important reasons doctors are going to be under very careful scrutiny by the public during our lifetime. Quite possibly such scrutiny will result in better doctors and better medical care.

Society is rapidly coming to regard the protection and preservation of health and the treatment of disease as a right which should be available to every citizen. Without engaging in any discussion of how this should be accomplished—whether by socialized medicine or by a system completely uncontrolled by the government—I personally can find no argument with the basic premise. Viewed objectively, however, this opinion has moved the physician, as far as society is concerned, into the position of a public servant who is responsible to the people and subject to criticism if he does not perform his task. Gone, therefore, is the day when the autocratic physician can write his own rules.

It has already been stated that the last fifty years have witnessed an almost unbelievable increase in scientific and medical knowledge. These attainments have provided the doctor with tools and techniques which have resulted in unparalleled benefits to the patient. One has only to point to such outstanding examples as the development of antibiotics, the advances in surgical techniques, or the staggering advances in roentgenology and radio-biology to validate this point. Such developments have in almost every instance been applied finally to the patient as a result of long and careful research in the basic sciences of medicine and allied natural sciences. In recent years, but especially since World War II, both the government and voluntary health agencies in the United States have been expending millions upon millions of

dollars in the furtherance of more research at all levels of biological inquiry. Although one can deplore the tremendous difference between monies expended for armaments as against those utilized for medical research, the fact is that the citizens of the United States have been very generous in their support of the latter endeavor. The American citizen, however, is well aware that the dollars supporting this medical research have come out of his pocket. He expects and is going to see to it that he gets a return on his investment. He has become interested in medicine; journalists—medical and non-medical—keep up this interest by a steady flow of books, magazine articles, and newspaper accounts of what has been accomplished in medicine and of the tremendous number of unanswered questions still to be solved. When he, the citizen, becomes sick, therefore, he expects the physician to apply these advances he has been hearing about to him. Further, the doctor frequently finds that the patient has or soon acquires a disturbingly accurate knowledge of the disease or disorder he is told he has. Unfortunately, despite the advances in almost all fields of medicine, the illness may well be in that large group in which the doctor, however competent he may be, can offer only alleviation of the patient's distress. Trips to specialists and other doctors result in no further improvement of his health, but a marked deterioration in the patient's bank account and in his confidence in the medical profession may ensue.

I believe perhaps we have, in our enthusiasm over what can be done for many patients and in our zeal for advancing medical science, overstated our abilities. We have so well convinced the science writer of our successes that the patient is understandably resentful when the success does not apply to *him*. Further, we have maneuvered ourselves into a position in reference to medical research where we must keep on boasting about our achievements in order to make the next drive for the American Left Kidney Association financially successful, or in order to convince our congressman and senator that funds should be appropriated for a National Institute of Diseases of the Right Hand. I have no solution for this latter dilemma, except to suggest that we must be partially responsible for the opinion, often stated, that dollars can solve all the problems in medicine, and to assert that we have not given sufficient thought to the crucial question of where we are going to find men with the brains, imagination, and competence to use these dollars in research.

Partially as a result of the improved quality of medical care

which is possible because of more elaborate—but also more precise—diagnostic techniques, because of more expensive medicines, because of much more complicated surgical or medical therapeutic procedures, and partially as a result of the general inflation, the cost of medical care has risen so precipitously that a long and serious illness can be truly financially catastrophic to a family. The doctor's fee, of course, enters into this calamity; further, there is little question that some doctor's fees are unreasonably excessive. However, if one considers that essentially all physicians spend at least nine years, and many as much as twelve to thirteen years in expensive training after graduating from high school, I believe the average financial return to him is not excessive when compared to that which may be expected in other professions in our society. The hard and challenging fact, however, is that some way must be found in the future to provide adequate medical care without bankruptcy to the patient. If the medical profession does not find a way of doing this, it is probable that the people will. Until a way is found, the cost of medical care is going to be one source of resentment and dissatisfaction between the doctor and his patient.

What of the statement that specialism has rendered physicians an amorphous impersonal mass of automatic technicians, and the implication that only one kind of doctor, the general physician, should be trained? William Osler, almost sixty years ago, at a time when specialization in medicine was just beginning, stated a fact which still applies "The restriction of energies of trained students to narrow fields of science, while not without its faults, has been the most important single factor in the remarkable expansion of our knowledge." It can be confidently stated that specialism will increase. I do not propose to offer here, however, any opinion as to what proportion of doctors should specialize and what portion should become general family physicians, for that is another problem. In the context of this discussion, however, I would submit that whether a doctor enters a specialty or chooses to enter general practice is unrelated to his ability to assume the responsibilities of a physician, which include without question objective warmth and interest in his patients and quick insight into all of their problems. I have known two physicians in my experience who have stood out among all the others in their ability to recognize almost at once the personal factors in their patient's diseases—their hopes or their hopelessness and depression, their anxieties and their fears. Both of these physicians

*(Continued on Page 28)*

# Aeromedical Research

SHELDON H. STEINER, Capt. USAF (MC)\*

Aero Medical Laboratory, Wright Air Development Center  
Wright Patterson Air Force Base, Ohio

A dramatic title would make this essay eye-catching to the layman, but the work going on here isn't quite as exciting as the launching of a satellite or a lunar rocket. It is, however, no small contribution to that final goal. Each group contributes a small part to this vast program of aeronautical development. Wright Field, the Wright Air Development Center, is a most complex organization of civilian and military working on many phases of applied and basic research. Weapon systems, engine development, aircraft design, guidance systems, and human factor problems are only a part of this immense program in our basic struggle for survival and peace. I hardly feel qualified as an expert after so short a time here.

We go to work each day much as we did before coming here, but inside these mundane structures man has created an environment more alien and hostile than he has ever had to face in all his time on earth. At present it is the environment of polar ice caps, desert wastes, hypersonic aircraft, and outer space. The Aeromedical Laboratory, Biomedical Division, is divided into three main branches: Physiology, Bioacoustics, and Biophysics. The divisions are often arbitrary, but each has been largely an outgrowth of some special aeromedical problem.

The Physiology Branch, for example, is primarily interested in problems dealing with high altitude, heat, vision, and nutrition in hypersonic aircraft and space vehicles. They are now vitally concerned with the development of the full pressure suit required by the high altitudes at which the X-15 and similar aircraft will operate. Basic research on pulmonary function and heat regulation are studied to a more limited degree.

Bioacoustics is relatively new and has arisen out of special problems of jet-powered aircraft. It involves study of the physics, mechanics, and physiology of hearing, as well as testing and

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*Contents reflect the personal views of the author and are not to be construed as a statement of official Air Force policy. This article is unclassified.*

\* Assistant Resident, Medical Service, North Carolina Memorial Hospital, January, 1957 to July, 1958.

developing protective equipment. Crews working on the B-58 and B-52 etc. are faced with deafness if exposed to the noise of the jets for any length of time. Modern high performance aircraft vibrate in flight, frequently with an amplitude of many feet per cycle. The Bioacoustics people have "shake tables," vibrating chairs, and now a three story high vertical accelerator recently pictured in Life Magazine. This machine can duplicate some of the frequencies encountered in aircraft. It is planned to study the natural frequency of body structures and the damage produced by aircraft vibration, and to design protective equipment if needed.

The Biophysics Branch, to which I have been assigned, and of which Dr. Edwin P. Hiatt\* is Chief, has developed largely out of problems related to accelerative forces. In this laboratory protective equipment was first devised, tested, and approved. We have an Escape Section working on methods of safe recovery of pilots from disabled aircraft. The Stress and Fatigue Section of this Branch is studying human tolerances to isolation, and at present particularly the effects of fatigue and isolation on the Galvanic Skin Resistance (GSR). The recent *Man-High* balloon experiments were monitored by a psychiatrist from this section. An Anthropology Section helps us by supplying data on bodily structure and function for instrument and equipment design. From the Bioelectronics Section may come a direct recording spatial vectorcardiogram. These plus the Acceleration Section make up the Biophysics Branch. This is the major organizational structure of the Biomedical Division.

After I had been here several weeks, I rode the human centrifuge for the first time. The centrifuge on first sight is a monstrous bridge, turning around far more rapidly than you think it safely can. The structure has a 22 foot radius with a cab at one end and a platform at the other end. (Figure 1) The cab is mounted on gimbals, and with increasing speed of rotation, it swings from a vertical to a horizontal plane. This is important in terms of subjective feeling. I was strapped into the seat, rather to keep me from climbing out than to prevent my being thrown from it. The room was cleared. In spite of the realization that this was just another routine ride, I felt a mild anxiety and quickening pulse. The 400 Volt DC motors gently whirred, the

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\* Dr. Hiatt was a member of the U.N.C. School of Medicine faculty, in the Department of Physiology, from 1945 to 1957.

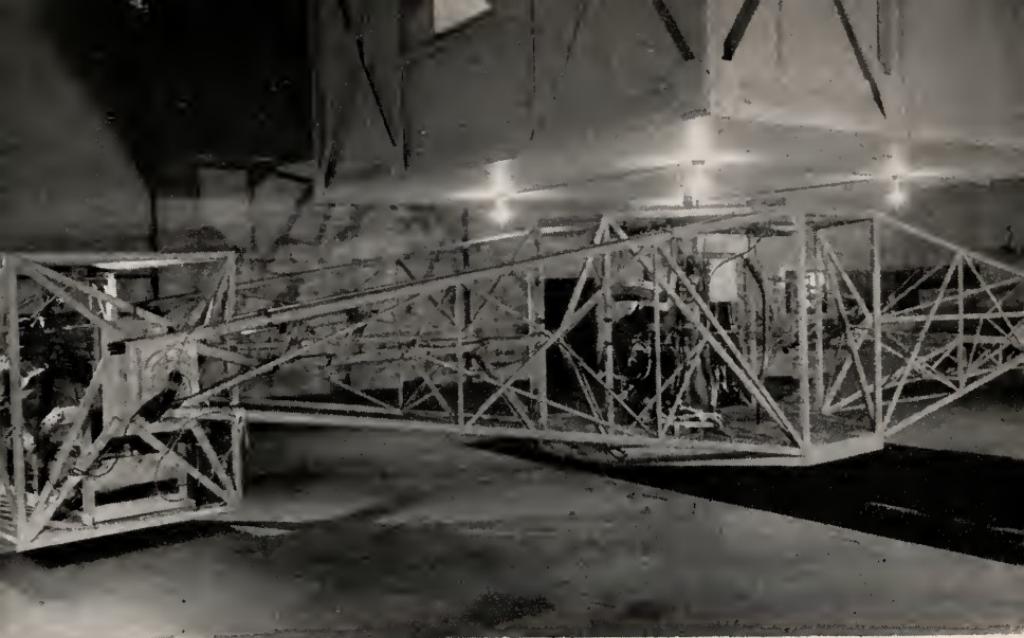


Figure 1. The human centrifuge, with rider strapped into the seat in the cab at the left end. The author describes a "ride" from first-hand experience.

machine creaked forward, and suddenly I thought, "Some fools pay to ride such machines at Coney Island." Within seconds speed rapidly increases, producing an acceleration. The cab swings horizontally, and the vestibular stimulation is interpreted as taking off straight up in a twisting spiral. The central light (used to monitor the subject) tends to swing upward to the right, as an optical illusion. The cab is now horizontal, and subjective "down" is the wall of the centrifuge chamber. An oppressive hand pulled me down into the chair. The little of the room visible from the cab was going by at 20-30 revolutions per minute. The vestibular stimulation disappeared, and I had time to evaluate my reactions. I had been straining against the floor to counteract the force and now slowly relaxed. There was slight tachycardia as the cardiovascular reflexes kept pace with the ever increasing weight of blood being pushed around. As the accelerative force continued to increase, I became increasingly aware of respiratory distress. At 5g dyspnea is such that much effort must be expended to elevate the rib cage. Each inspiration seems to fill the lungs slightly less; expiration, in contrast, is easy and forceful. Vital capacity is reduced. Abdominal respiration is easier and replaces thoracic excursion.

It became increasingly difficult to keep my eyes open, and the corners of the mouth were pulled down. The facial mask

became grotesque. As blackout approached the intensity of the white light diminished. Somewhere about 6g I lost peripheral light vision, giving warning of impending blackout. It was an all consuming effort to raise a leaden arm to turn a knob to signal this fact to the central observer. At 7g multiple blue dots replaced white light vision, and I no longer could respond to the test light. I could not see. I weighed almost 1300 lbs. Inexperienced riders have higher tolerances, probably because of increased vascular tone. I was still mentally clear; the gap was narrow, however, and unconsciousness was not far off. The intraocular pressure collapses the retinal arteries while the cerebral vessels still maintain adequate flow. Suddenly the motor was cut, and there was rapid release from the oppressive pull. Relief? No! The accommodated vestibular apparatus was now out of balance, and as the cab returned to the vertical there was a terrible feeling of tumbling, and it seemed as though I were going to crash into the ground at 1,000 mph. The instinctive thing to do was get out. The seat belt restrained this urge, which persisted in spite of the realization that this was all subjective. The sensation persisted for some minutes after stopping and was accompanied by sweating, pallor, and slight nausea. Fortunately, this sensation somewhat diminishes with practice.

While here, I plan to study some of the cardiovascular effects of acceleration: cardiac output, venous pooling, and renal blood flow. Some of these studies may involve the use of radioisotopes, we hope. Another group is studying pulmonary function, and still another is evaluating the results of acceleration on epinephrine metabolites. However, most of what is done here is an individual matter. There is a shortage of experts, and it is not the academic environment to which we are all accustomed. This may not be a complete disadvantage in developing one's own resources. The centrifuge is a most complex gadget. All data is carried up through the center of the wheel to the recording room by a complex series of slip rings. Most everything must be instrumented to run by remote control, and all instruments must be "g-proof." In spite of these difficulties and the shortage of equipment, O. Gauer and J. P. Henry in this laboratory first discovered volume control centers in the left atrium of the heart.

More recently, using the knowledge obtained in placing satellites in orbit, studies were carried out on the effects of accel-

*(Continued on Page 30)*

# University of North Carolina School of Medicine Symposium

NOVEMBER 20-21, 1958



*One hundred and ten physicians from North Carolina, Virginia, and South Carolina registered in the lobby of N. C. Memorial Hospital for the two-day symposium. Dean W. R. Berryhill was on hand to greet registrants, who included many U.N.C. alumni.*



*The first day, devoted to cardiology, included a panel discussion on selected cases, about which synopses had been mailed in advance for registrants to study. There was time for talking (right) as well as listening.*



Wives of physicians attending the symposium were guests of medical faculty wives for a morning coffee hour. Among hostesses at the coffee table was Mrs. W. R. Berryhill (center right), visiting with Mrs. William Aycock.



Faculty members were hosts in both formal and informal settings. At left, the neurology panel discussed cases about which registrants had summaries in advance. A coffee break between cardiology sessions was an opportunity for getting acquainted and for more "shop talk."



Mornings were devoted to multiple small group workshops. Diagnosis and management of cardiac and neurological patients were considered, and radiological diagnosis and pathological anatomy of neurological diseases. At left, Dr. W. Proctor Harvey, visiting cardiologist from Georgetown University Medical Center.



Dr. Joseph M. Foley (left), visiting neurologist from Boston City Hospital, joined symposium guests for coffee. At right, the neurology panel looked out upon an attentive audience.

To those readers who attended, it was a pleasure having you with us, and we hope to see you here again!

(Photographs by the Medical Illustration Department, U.N.C. School of Medicine)

# Artificial Kidney Now In Use

BY ROBERT H. BARTHOLOMEW\*

Since men first sallied forth from their caves and banged each other over the heads with crude clubs, they have also sought a way to ease pain and repair body damages. Little in the way of scientific medicine came about until about four centuries ago when Andreas Vesalius of Belgium and Ambrose Pare of France began their studies and experiments which laid the foundation for modern medicine.

What are considered commonplace medical practices today would have been considered miracles yesterday. Lifesaving blood transfusions are given hourly in any community hospital. A person who has lived a life of darkness may have his vision restored with a cornea transplant. A damaged bone may be removed from a patient's body and replaced with a sound one.

It has been only recently that devices have been perfected to assist functions of the internal organs of the body. One of the latest such devices is an artificial kidney. The principle of this device for treatment of acute kidney failure is not new. Experiments in this field began as early as 1914; however, it has only been recently that this important aid to medical science has been perfected. An artificial kidney has recently been acquired by North Carolina Memorial Hospital at the University of North Carolina, made possible by a grant from the Gustavus and Louise Pfeiffer Research Foundation of New York. The purpose of this foundation is the "furtherance and general improvement of public health through the advancement and promotion of medicine and pharmacy." This is not the first time the people of North Carolina have benefited from the generosity of the Pfeiffer family. It was the foundation and Mr. and Mrs. Henry Pfeiffer who endowed Pfeiffer College at Misenheimer in Stanly County.

The artificial kidney does not replace the functions of the human kidneys, but assists the human kidneys in their work. In appearance, it looks similar to a stainless steel washing machine. When placed into use, it is first primed with three pints of blood that matches that of the patient. This is to keep the body's blood supply from dropping. Tubes are inserted into two veins of the

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*Mr. Bartholomew is Public Information Officer of the Division of Health Affairs, University of North Carolina.*



*This is a demonstration of the use of the artificial kidney at N. C. Memorial Hospital at the University of North Carolina. Dr. W. B. Blythe and Dr. Margaret Newton, left to right, are members of the Department of Medicine of the UNC School of Medicine. The "patient" is Miss Iris Evans, a UNC secretary. (UNC Photo)*

patient. Through one tube blood comes from the patient to the artificial kidney and is returned through the other. The blood flows from the patient's body through a cellulose coil that is placed in the main tank of the artificial kidney. This coil is submerged in a circulating liquid. As the blood moves through the coil the waste matter in the blood seeps through the pores of the coil into the liquid bath surrounding the coil. The treatment generally takes five to six hours. A half dozen persons are required for the procedure. A surgeon is required for the incisions and the other personnel includes specialists in the field of internal medicine and laboratory technicians.

In acute kidney failure certain materials accumulate in the blood and other body fluids that may cause death of the patient. By removing these unwanted elements from the blood stream, the artificial kidney prolongs the life of the patient until his own kidneys have healed and can function appropriately once again. The liquid surrounding the coil, in which the blood flows, in the artificial kidney may be prepared in a number of ways to meet whatever condition is present in the patient.

Patients who need to be treated with the artificial kidney will be admitted to N. C. Memorial Hospital on the recommendation of their family physicians, in keeping with the referral policy of the hospital.

# A Salute to Dr. Hargrove

With mingled pride and regret we received the announcement late in September that Dr. Eugene Hargrove had been appointed as the new chief of North Carolina's mental hospital system. There was pride in the fact that one of our fellow staff members, an associate professor in the Department of Psychiatry, was regarded as eminently well qualified to handle an important and challenging assignment. There was pleasure in seeing talent rewarded by promotion. There was assurance that forward looking leadership would continue in an important medical activity in this state. The regret was there because we shall miss having on our staff this physician and teacher with qualities that inspire the confidence of students, fellow staff members, and patients alike.



For his many local friends it was a delight to hear that, although his office will henceforth be in Raleigh, the Hargrove family will continue to call Chapel Hill home. We are also glad that he hopes to make time in what is bound to be a rigorous schedule to continue a few teaching activities in the Medical School, and will undoubtedly have other occasions to return to his former haunts. The psychiatric unit of North Carolina Memorial Hospital is one of the units in the large state mental hospital system. As such, it will particularly receive Dr. Hargrove's attention as the focal point in the program of "home-growing" of potential medical staff members and also of research workers, so essential for continued progress of the whole system toward optimal treatment and care for the mentally ill. His presence in the top administrative office should help attract and hold the professional personnel always needed in greater number than is available.

It is North Carolina's good fortune that Dr. Hargrove managed to tear himself away from a native state generally described only in superlatives by its sons, and kept moving over the United States map until arriving here in 1954. After earning A.B. and M.D. degrees at the University of Texas, he moved in several directions by the compass, with stops including the University of Pennsylvania and the University of California, before coming to Chapel Hill four years ago. The direction, professionally speaking, was always upward, providing the training and experience qualifying him so well for his new position.

We salute our colleague and wish him well!

# Presenting The Alumni

## DR. JOHN S. RHODES

Dr. Rhodes is a native of Caldwell County and a UNC graduate of the Class of 1925. He attended the UNC School of Medicine from 1925 to 1927 and was awarded his M.D. degree (*cum laude*) from the Harvard School of Medicine in 1929.



Dr. Rhodes' son, John Flint, is now a first year student in the School of Medicine. A daughter, Joellen, attends Peace College in Raleigh. His third child, Judith Ann, is a student at Needham Broughton High School in Raleigh. Mrs. Rhodes is the former Miss Eleanor Flint of Andover, Mass. They were married in 1935.

Dr. Rhodes served a surgical internship at Boston City Hospital from 1929 to 1931. A urological residency was served at Massachusetts General Hospital from 1933 to 1935. He has practiced urology in Raleigh since 1936.

Dr. Rhodes takes an active part in civic affairs. He is a member of the board of trustees of Peace College in Raleigh and of the Hospital Saving Association of Chapel Hill.

He is president of the Raleigh Rotary Club and is secretary of the Medical Society of the State of North Carolina. He has recently assumed the latter office and will serve until 1961.

Dr. Rhodes is chief of urology at both Rex and St. Agnes Hospitals in Raleigh.

Even with this busy schedule, Dr. Rhodes finds time for hobbies. Two of his chief interests are wildlife conservation and the growing of roses and camellias.

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# Presenting The Faculty

## DR. JOHN KEITH SPITZNAGEL

In September 1957, Dr. Spitznagel joined the Bacteriology Department as assistant professor, holding a U. S. Public Health Service senior research fellowship.

A native of Peoria, Illinois, he received A.B. and M.D. degrees at Columbia University, the latter in 1946. After internship at Johns Hopkins Hospital, he spent two years at Army Medical School. Here contacts with outstanding medical research men, while assisting with refresher courses in bacteriology and infectious disease for medical personnel, stimulated an abiding interest in research. Under the army's civilian residency program, he had a three year medical residency at Barnes Hospital, St. Louis (interrupted by a trip to Japan during the Korean War). A year's assignment in Dr. R. J. Dubos' laboratory at Rockefeller Institute for Medical Research was followed by rotation to the post of Chief of the Medical Service at Fort Bragg Army Hospital from 1953 to 1957.

Publications related to experimental pyelonephritis and hypertension and to infectious diseases are being augmented by research activities here in the general area of host-parasite relationships in bacterial infection, using tissue cultures as "host." Observations on specific effects of certain deficiencies upon one "parasite" have focused the study now on tubercle bacilli.

## DR. HUGH MEIGHAM HILL

A native of Columbia, South Carolina, Dr. Hill finished high school in Greensboro, N. C., and attended Davidson College. Enlistment in 1943 in the Medical Corps of the United States Army, where he was a non-commissioned officer, interrupted his studies for the next three years. While he was in the European Theater of War during three campaigns, the Soldier's Medal was bestowed upon him for saving the life of a fellow soldier.

Returning to Davidson College, he received the B.S. degree in 1948. His education was continued at the Johns Hopkins University School of Medicine, where he was awarded the M.D. degree. Moving up the ranks at the Johns Hopkins Hospital from intern in gynecology in 1952-53, he became resident gynecologist and instructor in gynecology in 1956.

Dr. Hill joined the faculty of this School of Medicine as an instructor in July, 1957, and a year later was promoted to the rank of assistant professor in the Department of Gynecology and Obstetrics.

A testimonial to his effectiveness as a teacher in the eyes of those who saw him in action was rendered at the end of the last school year, when the senior medical students voted him the recipient of the annual "Professor Award."





## ALUMNI AND FORMER HOUSE STAFF NEWS ITEMS

Lt. Colonel William H. Meroney, '44, U.S. Army, was recently appointed Associate Clinical Professor of Medicine at the University of Puerto Rico School of Medicine, San Juan, Puerto Rico, and Consultant in Internal Medicine at the Bayamon District Hospital of the Department of Health, Commonwealth of Puerto Rico.

The address of Dr. Robert L. Bobbitt, '43, is as follows: Edgewater Hospital, 5700 North Ashland Avenue, Chicago, Illinois.

The appointment of Dr. W. Horsley Gantt, '17, Associate Professor of Psychiatry and Director of the Pavlovian Laboratories, Johns Hopkins Hospital, as Chief Investigator at the Psychophysiological Research Laboratories of the V.A. Hospital at Perry Point, Maryland, has been announced by Dr. Lee G. Sewall, Manager of the Perry Point V.A. Hospital. Dr. Gantt, an international figure in objective psychiatry and an authority on conditional reflex research, is the founder and president of the Pavlovian Society of America. He served with President Herbert Hoover in relief work in Russia following World War I and it was at this time that Dr. Gantt began his studies with Professor Ivan Pavlov at his laboratories in Leningrad.

Chandler R. Dawson, Yale, '56 (Medical intern, '56-'57) has been with the U. S. Public Health Service at the Communicable Disease Center in Georgia and at the University of California Medical Center at San

Francisco. As part of his work he spent some time investigating the epidemiology of trachoma and other external eye diseases among the Indians in Arizona and New Mexico. In May he was sent to East Pakistan to assist in investigation of a smallpox epidemic.

William David Varner, Emory, '41 (Resident in Obstetrics and Gynecology, '53-'54) is in the private practice of obstetrics and gynecology in Columbus, Georgia.

Edgar E. Folk, III, Bowman Gray, '50 (Medical resident, '53-'55) is on the Medical Staff at the V. A. Hospital at Perry Point, Maryland. After leaving Chapel Hill he served as a Senior Resident in Medicine at the Perry Point V. A. Hospital followed by two years as a Fellow in Cardiology at Johns Hopkins.

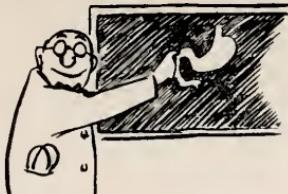
Arthur R. Summerlin, Virginia, '48 (Resident in Obstetrics and Gynecology, '52-'55) is in the private practice of obstetrics and gynecology in Raleigh, N. C.

John H. Chapin, Alabama, '51 (Intern, '52-'53) is in General Practice in Benson, N. C.

James P. Alexander, Pennsylvania, '50 (Medical Resident, '52-'53; Medical Fellow, '55-'56) is in the private practice of Internal Medicine and Gastroenterology in Charlotte, N. C.

Thomas E. Hair, Jr., Duke, '54 (Medical Resident, '56-'57) is a Ward Medical Officer at the U. S. Naval Hospital at Memphis, Tennessee.

(Continued on Page 27)



## WITH THE FACULTY

### MEDICINE

On November 6-7 Dr. Louis G. Welt served as a Visiting Professor of Medicine at Wayne State University of Medicine, Detroit, Michigan.

On November 10 he gave a talk on "The Concept of Osmotic Uniformity and the Significance of Hypo and Hypernatremia" at the Veterans Administration Hospital (Wadsworth General), Los Angeles, California.

While in California he also participated in the Sixth Annual Symposium of the Society of Graduate Internists of the Los Angeles County Hospital and visited Stanford University School of Medicine where he spoke on "Observations in Experimental Potassium Depletion."

### OBSTETRICS AND GYNECOLOGY

Dr. Charles Flowers visited the Medical College of South Carolina November 14-16 where he delivered an address entitled "Oxygen Saturation in General and Spinal Anesthesia."

Dr. Robert A. Ross visited Washington, D. C. where he spoke before the Annual Scientific Assembly of the Medical Society of District of Columbia on "Toxemia of Pregnancy: Socio-Economic Background."

Dr. Hugh Hill spoke at the Lenoir County Memorial Hospital in Kinston on "Female Urology" recently.

### PEDIATRICS

Dr. Harrie Chamberlin talked on "Medical Problems of the Trainable Child" at the 10th North Carolina Conference on Special Education held

in Charlotte, N. C., November 13, 1958.

Dr. Edward Curnen spoke before the Rochester Academy of Medicine on "Learning to Live with Our Viruses," participated in conferences and made ward rounds at the University of Rochester School of Medicine, November 11-12, 1958.

Dr. George Summer spoke on "The Serum Bilirubin Rebound Following Exchange Transfusion with Simultaneous Spectrophotometric Observations on Heme Pigment and Bilirubin Formation" at the Southeastern Section of the Society for Experimental Biology and Medicine in Winston-Salem, N. C., November 7, 1958.

### PREVENTIVE MEDICINE

Dr. Leon P. Andrews attended the annual meetings of the Association of Teachers of Preventive Medicine and the American Public Health Association in St. Louis, Missouri, October 25-29. He presented a paper on "A Study of Patterns of Patient Referral to a Medical Clinic in a Rural State: Methodology."

Dr. Dan Martin and Dr. Kerr White presented a paper to the American Heart Association in San Francisco, California, October 22-25.

Dr. William P. Richardson attended a meeting of the planning committee for a Special Regional Institute for Health Officers under the auspices of the Health Officers Section of the American Public Health Association. Dr. Richardson is Chairman of this Special Institute.

(Continued on Page 30)



## HOUSE STAFF NOTES

Dr. Vincent Andriole (Yale, '57), Assistant Resident in Medicine, was recently awarded the 1958 Schuman Prize for his paper on the life and works of Florence Sabin. This prize is awarded each year for the best essay in medical history in a national competition and consists of a monetary award and publication of the paper in the *Annals of Medical History*. Dr. Andriole read his paper at the October meeting of the Bullitt Medical History Society.

Dr. A. S. ("Smitty") Lineberger, Jr., '55, joined the house staff in November as an Assistant Resident in Pathology following his discharge from the Air Force.

Dr. Cecil Johnson, '55, is Chief Resident in Medicine for 1958-59. Interns in Medicine for the year are Drs. Nicholas R. Anthonisen (Harvard, '58); George W. Ballantyne (Rochester, '58); William C. Branscome (Yale, '58); John I. Brooks, Jr.,

'58; Edward J. Green (Alabama, '58); Barringer D. Marshall (Virginia, '58); Leslie S. Massad (Rochester, '58); Thomas J. Mauro, Jr. (Yale, '58); Walter M. Noble (Harvard, '58); Donald P. Peyser (Rochester, '58); Martin S. Roginsky (Western Reserve, '58); Phillip K. Russell (Rochester, '58).

The Chief Resident in Pathology for the year is Dr. William Huffines, '55. The Interns in Pathology for 1958-59 are Drs. John Winstead, '58; Lewis Beam, '58; Jerry Pickrel (Tulane, '58); and Manuel Campano (University of Havana, '51).

Drs. Robert Senior, Wilma Castle, Robert Castle, Robert Herrington, Hervy Kornegay, Charles Hunter, Magda Maas, John Semmelmeyer and Boyd Cook of the Pediatric House Staff attended the meetings of the North Carolina Pediatric Society held in Greensboro, N. C., November 15 and 16, 1958.

### ALUMNI AND FORMER HOUSE STAFF ITEMS

(Continued from Page 25)

Larry A. Gladstone, Southwestern, '52 (Medical Intern and Resident, '52-'56) has been in the Army stationed at William Beaumont Army Hospital, El Paso, Texas, since leaving Chapel Hill. In August he entered private practice of medicine in El Paso in association with Walter D. Feinburg, Southwestern, '52 (Medical Intern, '52-'53).

Alfred W. Senft, Harvard, '52 (Mixed Internship, '53-'54) is now

living in Woods Hole, Massachusetts, where he is doing part-time general practice and research in tropical diseases at the Marine Biological Laboratories. After leaving Chapel Hill he spent a year in New Guinea and then spent a year at the Harvard School of Public Health where he received his M. P. H. cum laude in 1956.

Harry Herndon McLean, '51, Washington University, '53 (Intern, '53-'54) is in General Practice in Clarkton, N. C.

## THE WHITEHEAD LECTURE

(Continued from Page 12)

were so skilled and genuinely interested in the welfare of their patients that the patients never doubted a personal interest and objective understanding on the part of the doctors. One was a general practitioner in a small mountain town and the other a highly specialized surgeon in a large university hospital.

This last point brings me to my excuse, if one is necessary, for talking about the practice of medicine to a group of men, many of whom have not yet started to study it. I do not believe I exaggerate in stating that the medical student of today faces a task far greater in magnitude than have any of us who have preceded you. This modern student must start thinking now of the responsibilities he has to his profession and his patients, for it is he and his colleagues who must solve

the many difficult problems in the future. The magnitude of these responsibilities cannot be taken lightly. He must master first the *science* of medicine and learn how to keep abreast of the unforeseen developments ahead of him. The day is gone when a student simply gets through the first two years to go on to the practical courses in clinical medicine. Everything he learns from the first day that he enters upon the study of medicine will be applied eventually to patients. This task alone at first glance appears so formidable that all but the most confident may initially feel inundated. The facts are, however, that the student who consistently and without anxiety keeps methodically building up his knowledge very soon finds himself enthusiastically challenged by the exciting and rapidly moving pace of modern medicine. For him the work expended in achieving the ever-increasing learning becomes a satisfaction and moti-

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vation for further attainments in self-education. However, in addition to the gradual acquisition of knowledge in small bits, he must early begin to apply a tremendous effort towards the integration and correlation of all this knowledge.

A patient presented at grand rounds last week provides an example of how laboriously acquired knowledge must be amalgamated into wisdom in order to utilize the facts. The patient was a young colored woman with pulmonary tuberculosis. In order to treat this disease today one must have *knowledge* of: the anatomy of the normal lung, the pathologic anatomy of pulmonary tuberculosis, the effects of the disease on the physiology of the lung, the morphologic and metabolic characteristics of the tubercle bacillus, the pharmacologic actions of the various antibiotics available—all introduced in the last 10 to 15 years—on the host and the bacillus, and the derangements in biochemical sequences in the patient which may result from at least one of these antibiotics. Yet one must have the *wisdom* to decide: whether the patient should be in a hospital or sanatorium, what combination of antibiotics to use, whether surgery should be considered and if so the optimal time for operating, what the effect of the illness is having upon the patient's own emotional responses, and what are the too often neglected considerations of the psychologic, emotional, and sociologic effects on the family. The doctor must also have the *humility* gained through experience and acquired knowledge to realize that, although the advances in the treatment of this formerly dreadful disease have been almost breathtaking, we are still in great ignorance concerning many phases of it.

This single example of one patient provided for me at least a partial answer to my question posed initially: namely, why is the medical profession viewed by some segments of the pub-



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lic in an unfavorable light. Part of this climate is undoubtedly due to a few among many physicians who do not meet their responsibilities. Much of the misunderstanding must be due to the fact that doctors and patients alike are finding it difficult to grasp the pace with which science—in this instance medical science—is progressing. We must each of us, more than ever before in the history of medicine, attempt always to remain students. To the new student with uncluttered preconceptions, however, belongs the privilege of sorting out the best and most applicable features of medicine from Hippocrates to those of us who immediately precede him; to him also belong unforeseen but almost certain opportunities for the prevention of disease and for complete care of sick people.

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**WITH THE FACULTY**  
(Continued from Page 26)  
**PHYSIOLOGY**

At the annual meeting of the South-eastern Section of the Society for Ex-

perimental Biology and Medicine at Bowman Gray School of Medicine in Winston-Salem, N. C., November 7, 1958, a paper was presented by C. L. Johnston, Jr., J. H. Ferguson, R. B. Payne and W. L. Black, of the Department of Physiology.

---

**AEROMEDICAL RESEARCH**  
(Continued from Page 16)

erations required to place a man into space using a three stage vehicle. Man can tolerate these accelerations.<sup>(1)</sup> The limiting factors to acceleration remain chest pain, dyspnea, blackout, unconsciousness, and respiratory failure. Protective equipment can only raise the tolerance a moderate amount. The Navy has recently succeeded in running a selected subject to 20g for a very short time, using a harness, and undergoing a Valsalva maneuver. Under this force a 170 lb. man weighs 3400 lbs. Does anyone have a good anti-gravity machine?

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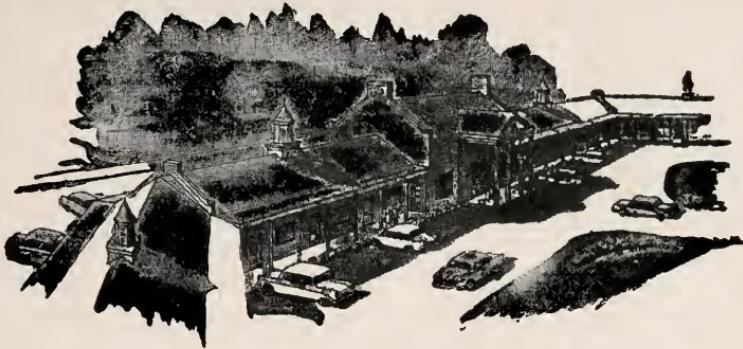
1. Bondurant, et al.—Human Tolerance To Some of the Accelerations Anticipated in Space Flight—WADC Tech Report 58-156, April 1958.

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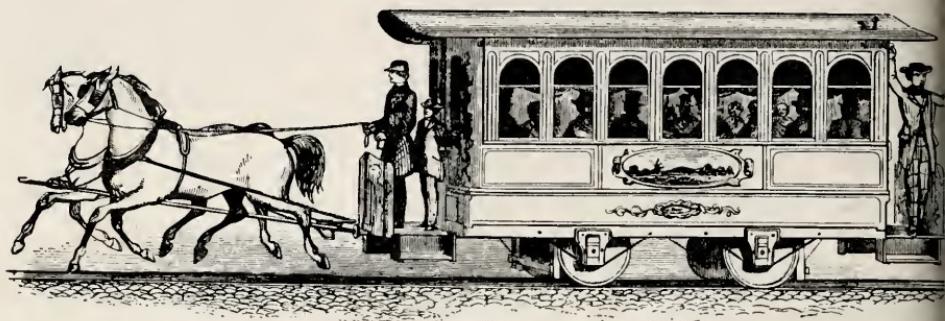
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*Middle Eastern medicine of  
1,000 years ago. See page 14.*

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Vol. VI February, 1959 No. 3

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COVER: An illustration of the anatomy of a pregnant woman. From a Treatise of Anatomy by Mansour Ibn Ahmed. Reproduced in Laignel-Lavastine, Histoire Générale de la Médecine, Paris, [Albin Michel Éditeur. 22, Rue Huyghens], 1936, p. 513 (v. 1).

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# Reflections on the Interplay of Scientific and Christian Thought

BY GEORGE D. PENICK, M.D.\*

One of the few Biblical references to "science" is found in the closing verses of the first epistle to Timothy. After a lengthy appeal for the preservation of the Christian Faith, the author closes the letter with this final request:

"O Timothy, keep that which is committed to thy trust, avoiding profane and vain babblings, and oppositions of science falsely so called: which some professing have erred concerning the faith."<sup>1</sup>

It would almost seem that these words were written in anticipation of the debates on Science vs. Religion that were to flame so furiously during the latter part of the nineteenth century. But the warning goes beyond these debates and refers to the "babblings" of the "opposition" as being "falsely called science." Similarly today, many disputes between science and religion appear to exist only in the minds of those who have become lost in either body of thought to the neglect of the other.

An earlier and much more literary physician took a similar position. Oliver Wendell Holmes said that:

"As knowledge advances, science ceases to scoff at religion; and religion ceases to frown on science. The hour of mockery by the one, and of reproof by the other, is passing away. Hence-forth, they will dwell together in unity and good will. They will mutually illustrate the wisdom, power, and grace of God. Science will adorn and enrich religion; and religion will ennoble and sanctify science."<sup>2</sup>

1. 1 Timothy 6:20-21.

2. Quoted from *The New Dictionary of Thoughts*, Standard Book Co., 1957, p. 589.

*Rather than experiencing the often supposed conflict between scientific and Christian thought, the author relates complementary interactions of the two bodies of thought. He discusses the influence of religious attitudes in the design of biologic experiments and in the making of observations of natural structures. Conversely, he discusses a possible role in the development of religious insights played by exposure to the scientific subjects of mathematics, evolution, physics and physiology.*

\* Dr. Penick is Associate Professor of Pathology, University of North Carolina School of Medicine.

To many an individual who is trying to become both a Christian and a contributing scientist, this mutual enrichment by the two disciplines becomes a very real and daily experience. Just as our religious beliefs influence all other aspects of this life, so are there innumerable ways in which they impinge on scientific endeavor. For example, the scientist with religious insights cannot fail to realize that he is being given a glimpse at the handiwork of the *Creator Himself* when he studies the universe and its contents in his quest for truth. Just as God has revealed himself to man through the hearts and minds of the writers and editors of Holy Scripture, so he discloses his power, his concern and his purposefulness through his physical creation. Who can help but be awed by the magnificence of creation when he is equipped with magnifying scopes and permitted to look either outward into space or inward into matter? With telescopes he sees the giant star Betelgeuse, which variably measures up to 360 million miles in diameter, almost four times the distance from here to the sun; with the electron microscope, he sees living virus particles measuring down to about 4 ten-millionth parts of an inch. An appreciation for the omnipotence of God cannot be excluded from these experiences!

A second illustration of the influence of religion on the scientist is found in the experiences of the biologist—one who is constantly probing into the meanings and mechanisms of *life*. Apparently it is possible for some workers to suppress any religious inclinations in dealing with these problems and approach them with complete emotional callosity. However, if one has become convinced that the investigation and preservation of life is worth the devotion of one's total existence on this earth, a careless attitude towards life at any level would seem intolerably incongruous. Thus one's philosophical attitudes may become an influence in such daily activities in the life of a scientist as the *design of experiments*. The relationship is epitomized in Dr. Albert Schweitzer's philosophy of "Reverence for Life." Dr. Schweitzer has stated that:

"Whenever I injure life of any sort, I must be quite clear whether it is necessary. Beyond the unavoidable, I must never go, not even with what seems insignificant. The farmer, who has mown down a thousand flowers in his meadow as fodder for his cows, must be careful on his way home not to strike off in wanton pastime the head of a single flower by the roadside, for he thereby commits a wrong against life without being under the pressure of necessity."<sup>3</sup>

3. Schweitzer, A., Civilization and Ethics, 3rd Ed., Adam and Charles Black, London, 1946, p. 252.

But the complementation of religion and science is a bilateral relationship and the approach employed in the "scientific method" can furnish insight into religious truths. The scientist is in an unusual position to observe creation in perspective. He has learned the necessity of personally examining evidence before he draws his own conclusions or condemns the opinions of others. He is trained to make objective observations. How trivial become the daily cares and materialistic ambitions of the conglomerates of atoms called "men" when viewed imaginatively from some distant galaxy! How urgent becomes the quest for eternal truths and purposes! Many scientists instinctively think teleologically, even though they are strangely fearful of acknowledging the fact. This is perhaps especially true of biologists, who constantly are observing purposeful phenomena. Often they are heard to ask after making a discovery, "What does it mean?" or "What could be the purpose of such a reaction?" At this point in research, it is difficult to separate scientific from religious reasoning.

The field of mathematics can arouse in one's mind the *possibility of supernatural forces* operating in the world. This point is humorously but forcefully made in a small book entitled "Flatland, a Romance of Many Dimensions," written in 1915 by one who called himself "A Square."<sup>4</sup> In view of the teen-ager connotations of this term, I suspect the author would have selected some other pseudonym if he were writing today, but his imaginative tale can have a real influence on an inquiring mind. In this delightful little satire, the author, who was an inhabitant of the two-dimensional world—Flatland—payed a visit to Lineland—the world of one dimension. He was unable to explain to the inhabitants of Lineland what a second dimension of breadth is like, or how it was possible for him to assume some position off their line and thereby witness their every move even though invisible to them at the time. It was shortly thereafter that the author and hero—who, incidentally, was one of Flatland's outstanding geometrists—was instructing his youngest grandson in mathematics. (His grandson was a most brilliant young Hexagon):

"Taking nine Squares, each an inch every way, I had put them together so as to make one large Square, with a side of three inches, and I had hence proved to my little Grandson that—though it was impossible for us to see the inside of the Square—(Remember, they are in Flatland and have only two dimensions) yet we might ascertain the number of square inches in a Square by simply squaring the

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4. Little, Brown, and Company, Boston, 1915.

number of inches in the side: 'and thus,' said I, 'we know that  $3^2$ , or 9, represents the number of square inches in a Square whose side is 3 inches long.'

The little Hexagon meditated on this a while and then said to me: 'But you have been teaching me to raise numbers to the third power; I suppose  $3^3$  must mean something in Geometry; what does it mean?' 'Nothing at all,' I replied, 'not at least in Geometry; for Geometry has only Two Dimensions.' And then I began to show the boy how a Point by moving through a length of three inches makes a Line of three inches, which may be represented by 3; and how a Line of three inches, moving parallel to itself through a length of three inches, makes a Square of three inches every way, which may be represented by  $3^2$ .

Upon this, my Grandson, again returning to his former suggestion, took me up rather suddenly and exclaimed, 'Well, then, if a Point by moving three inches, makes a Line of three inches, represented by 3; and if a straight Line of three inches, moving parallel to itself, makes a Square of three inches every way, represented by  $3^2$ ; it must be that a Square of three inches every way, moving somehow parallel to itself (but I don't see how) must make a Something else (but I don't see what) of three inches every way—and this must be represented by  $3^3$ .'

'Go to bed!' said I, a little ruffled by his interruption. 'If you would talk less nonsense, you would remember more sense'.<sup>5</sup>

But later in the story, our hero learned that this was not pure folly, when he was permitted to escape the confines of his two dimensions and explore the wonders of Spaceland. When he returned to Flatland, however, and tried to explain the existence of a third dimension to his people, they promptly jailed him for his heretical teachings. In desperation, he spent his remaining years recording his story, which he dedicated as follows:

"To  
The Inhabitants of Space in General  
And H.C. in Particular  
This Work is Dedicated  
By a Humble Native of Flatland  
In the Hope that  
Even as he was Initiated into the Mysteries  
Of THREE Dimensions  
Having been previously conversant  
With ONLY TWO  
So the Citizens of that Celestial Region  
May aspire yet higher and higher  
To the Secrets of FOUR FIVE OR EVEN SIX Dimensions

5. Ibid, p. 103.

Thereby contributing  
To the Enlargement of THE IMAGINATION  
And the Possible Development  
Of that most rare and excellent Gift of MODESTY  
Among the Superior Races  
Of SOLID HUMANITY<sup>6</sup>

Another mathematical concept that may flavor religious thinking is that of *arithmetical infinity*. Various people perhaps arrive at their understanding of their Deity by different routes, but the mathematical problems in which one approaches—but never nears—infinity, can provide real meaning to a person's concepts of a Supreme Being. Without this mathematical tool, it should be most difficult for the human mind to reach from this finite environment to an appreciation for a God who is all-embracing—who is infinitely powerful, wise and good.

The theory of the *Evolution of Man* was, of course, a scientific idea that at the time of its proposal seemed to clash with religious thought. Certainly, none of us today has any difficulty accepting the idea of man's creation extending over eons. In fact, God's patience and planning, as seen in this perspective, become overwhelming. The concept of the evolution of man can also be projected from the present into the vast unspent periods of time; to do this, is one of the more exciting applications of scientific thought to the meaning and purpose of our existence. Moral or spiritual evolution can become just as real as the physical evolution of which Darwin wrote. We can't date precisely the time that man's religious insights began to evolve. Christians can, though, fortunately point to an exact time in history when God—through Christ—showed us the purpose of our existence, and gave us the command to spread his Kingdom over this planet. As we look at our slow progress, what one individual can accomplish during a life-time seems discouragingly insignificant. The concept of "moral evolution" does two things to help with this predicament: First, it imaginatively condenses future time into a scale which lets one hopefully see the eventual accomplishment—through God's grace—of His will on Earth; and second, it emphasizes the extreme importance of our stepping in the right direction in each of our daily moral decisions. In I Corinthians, St. Paul says that "The first man Adam became a living being; the last Adam became a life giving spirit. But it is not the spiritual which is first but the physical and then the spiritual." Actually, he is

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6. Ibid, p. v.

talking about individual man's resurrection, but as with the individual, so with the species. One of the principles learned in basic biology is that "ontogeny recapitulates phylogeny," or that development of the individual retraces the evolutionary stages of the organism. One might hope that the reverse might also be true and that the daily religious growth that one experiences might point in the direction of the spiritual progress of mankind.

Another scientific principle that might be applied to religious thought is that of the *chain reaction*. Since the fission type of nuclear explosions were first developed, most people have become familiar with the manner in which disruption of one particle results in the spread of influence to others until an enormous number of atoms are suddenly exploded. So it is with our ethical behavior. Our every act becomes ever so important when we think of its influence—whether good or bad—spreading for all eternity from person to person in ever increasing numbers.

A scientist is provided with still other special opportunities to develop his religious attitudes. One is his chance to observe the *infinite variation* in nature. Each star, each planet, each tree, each leaf, probably each atom, and certainly each person is unique. Uniqueness implies indispensability. This helps one to realize that God cares for each of us individually; it also imposes an awareness of our responsibilities that can be met by no persons other than ourselves. He has prepared good works for each of us to walk in. Each moment, each thought, each act thus becomes uniquely important.

Lastly, the field of *physiology* provides another perspective from which to view the components of tripartite man. In this branch of science, we learn that all human sensations could be reduced to the simple transmission of nerve impulses from receptor organs to a central nerve complex—the brain. Such a simplification is not meant to disparage the human body or its means of expression or experience, for certainly man represents the summit of physical creation to this point. But the transmission of nerve impulses can hardly be the purpose of existence. And yet men devote their lives to gratification of appetites, search for fame, pride of ownership or prestige, all of which provide only fleeting visceral sensations. Alongside this realization, only the intangible and everlasting soul can be looked upon as the truly significant component of man.

(Continued on page 29)

# Quo Animo \*

BY FREDERICK CREIGHTON WELLMAN, M.D.

*Still Another Jangling Jingle, Perhaps too Harsh  
for Delicate Ears*

Ah, yes, cold wars on every front that we lose constantly.  
We pour out money, arms and food and dull diplomacy  
To wean small nations from a monolithic monster's jaws,  
And then begin to orate to them and lay down the laws  
Of how they should adopt the wondrous American way  
Of life—on maybe thirteen hundred calories a day!  
Why doesn't it occur to us to learn, and not dictate,  
For we owe debts to the great past of many a small state?  
In the Near East why couldn't we let them be proud that we,  
Acknowledge early Arab science and discovery?<sup>1</sup>  
Arab physicians of the Middle Ages stood so high  
Above all others of their time that medicine today,  
And we, and all the world are debtors to their genius for  
Research, successful practice, and devotion, nay, splendor!  
Bagdad was medieval center of Western World science;<sup>2</sup>  
Cordova next was Occidental Medicine's reliance.<sup>3</sup>

1. Everyone knows that among countless other discoveries we owe to the Arabs alcohol, nitric acid, sulphuric acid, bichloride of mercury, nitrate of silver, and many other drugs. Cf. Berthelot *apud* Sanjurjo d'Arellano, *Histoire Générale de la Médecine*, Ed. Laignel-Lavastine, p. 508.

2. In 833 El Mamun founded in Bagdad a university and translators' office (with over 100 translators) which prepared in Arabic the works of Hippocrates, Galen, Dioscorides and numerous other ancient physicians. Sanjurjo, *op. cit.* p. 510. In view of a question which has been brought up in THE BULLETIN, perhaps I should say that I have known the works of Dioscorides Pedanius since 1926, having seen in Europe the Greek text recension (*v. Die Schrift des Dioskurides*, Wellmann, 1914, and various other German writings on the subject) as well as both the Latin (*Materia medica*) and of course the English translations.

3. Under the Omeyyades the center of Arab learning changed to Spain. Over a thousand years ago the Arab library at Cordova contained over 600,000 volumes (as many as are in the Library of The University of North Carolina) and was catalogued in forty-four huge volumes. And in 970 there were twenty-seven free schools open in Cordova for the education of the poor.

\* I. e. With what intention? (I leave the reader to decide.)

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Dr. Wellman, who will be 90 years of age on his next birthday, long taught in American university medical schools and hospitals and lectured to a number of others in this country and Europe. He is now retired and living in Chapel Hill.

دُخْنِيْجَلِينِ اِيدِيْسِن اُولِيْ اِعْلِيْلِكَا بِاِغِيْ طُونِيْدِ كِلِّ لَبَه بَغْلِيَاِسْ وَكِلِّيْشِه  
لِيُوْدِيْسِن اُولِيْ اِيكِيْ بِيُلْكُلَه بِاِسْتِ كِلِّ بِيُكِيْ بِوْدِلَر اُولِيْ بِفَصْلِيْسِن بِرِونِه فِيْكِلِّ



*Reduction of a vertebral dislocation. From a Persian miniature. The method is similar to that employed in contemporary times but the orthopedist was more agile than his modern successors. Illustration is from Laignel-Lavastine, Histoire Générale de la Médecine, p. 523 (v. 1).*

Of all the mighty Arab men of medicine I find  
I can name here but half a dozen who first come to mind.<sup>4</sup>  
Then let us seek out Rhazes who left such a glorious name;  
All those who wrote of him seem overwhelmed by his great  
fame.

In every phase of medicine his wonderful art shone  
So that all his colleagues felt his genius stood alone.<sup>5</sup>

4. E. g., Such a physician as Sinan (Abu Said Sinan ben Trabert, obit 942), who organized medical services and founded hospitals, richly deserves extended notice, but space considerations forbid. I have also omitted famous men who wrote in Arabic but were not Muslims, e. g. Maimonides who was a Jewish Rabbi. Those interested in him should read L. G. Levy's fine monograph, *Maimonide* (1907).

5. Rhazes (Abu Bekr Mohammed ben Zakarya, 850-?923) "was, without any doubt, the greatest clinician of Islam because of his experience, the accuracy of his diagnoses, the efficacy of his therapeutics." Sanjurjo, 1. c. p. 512. "Rhazes' most original work is his study of smallpox and measles. It occupies an important position in the history of epidemiology." Neuberger, Ed. *Geschichte der Medicin im Mittelalter*, in Puschmann's *Handbuch der Geschichte der Medicin* (1902). I was once shown at the Bibliotheque Nationale, Paris, Ms. L6893, section III of which is entitled (in part!) *Rhazis experimenta de doloribus . . . ex Arabico in Latinum . . . conversa*. I was not particularly interested at the time, but made a guess: that it belonged with the flood of "pseudo literature" current during the 13th and 14th centuries.

Next Albucasis, surgeon, scholar and anatomist,  
 Demands instinctive panegyric I cannot resist.  
 For all his wide extent of learning never did exceed  
 His judgment, surety, or his skill of eye and hand and deed.<sup>6</sup>  
 "Prince of physicians" Avicenna was called in his time;  
 His name was heard in every city, region, isle and clime.  
 He took internal medicine in its entire field  
 As his domain and in that field he quietly excelled.<sup>7</sup>

6. Albucasis (Abu-Kasim Khalaf ibn Abbas al-Zahrawi, obit 1013), though he wrote an encyclopedia of medicine, the *Tesrif*, in thirty volumes, was above all a great surgeon. In the last three parts of his encyclopedia he discusses actual cautery, operations with cutting instruments, luxations, fractures, removal of polyps, crushing of stone in the bladder, bandages, etc., etc. He insisted on the importance of anatomical knowledge. V. Sanjurjo, op. cit. p. 520.

7. Avicenna (Abu Ali el Hosain ibn Abdalla ibn Sina, 980-1037), the most celebrated of Arab physicians, really took all known science as his province. But as a physician he particularly shone as a general practitioner. His chief medical work, the *Canon*, in five volumes, treats of general pathology, special pathology, simple remedies, complete therapeutics, the different parts of the body, ordinary maladies and their symptoms, a pharmacopoeia and the preparation of drugs. His other medical work, the *Mendhuma*, is of less importance. I find in my European notes the following entry: "For an interesting commentary on Avicenna's treatment of morphea, seab, ringworm, ulcers, dropsy, intestinal worms, bites of venomous creatures, etc., v. Vincent de Beauvais, *Speculum naturale*, XIV, XV.



جُونل دُذْكَنْ طَرِيقَه لَذْك بُرْسِيلَه مَفْصِلَ بُرْنَه قَانْ شِبَكَيْمَكَنْ اَوْلَه آندَتْ  
 Reduction of a dislocation of the shoulder. From a Persian miniature of the 12th century. Reproduced in Laignel-Lavastine, Histoire Générale de la Médecine, p. 522 (v. 1).

In turn comes Ibn Jazla, who should be of the topmost  
But stays unknown in that his records so long were thought  
lost.

He writes of surgery, of poisoning, heart failure and a host  
Of other ills, their treatment, yes, the whole of medicine.<sup>8</sup>  
Next we have Avenzoar, the observer most akin

To modern researchers that medical problems essay,  
Who made discoveries that we must recognize today,  
For many of his colleagues followed in the paths he made.<sup>9</sup>  
And last we speak of Averroes, and so close our parade;  
He published many works, and thus we know him very well.  
Would that our publications thus endured—but who can  
tell?!<sup>10</sup>

8. Ibn Jazla (Abu Jahiah ibn-Jazla Buhalylha ibn Jazla el Bagdad, obit 1074) wrote a huge treatise covering the entire field of medicine, but this was lost sight of and only recently disinterred from the Bibliotheque Nationale de France. An English translation has been made by Professor Robert White Linker of The University of North Carolina, and Dr. Linker has generously permitted me to quote from his translation previous to its publication. Dr. Linker states that his translation into English "is based on Ms. fr222 of the Bibliotheque Nationale, Paris. The last folio bears the inscription: *Iste liber constat Karolo duce Aurellianen*, showing that the ms. comes from the library of Charles, Royal Prince and Duke of Orleans (1394-1465). The ms. consists of 45 large folios and bears the Old French title: *La Tour de Grant Richesce*. No previous identification of this work has ever been made. However, ample clues are furnished [which have] made possible the identification of. B. N. ms. fr222 as a translation of a work by Ibn-Jazla." Among the multitude of subjects discussed by Ibn-Jazla I may mention wounds and sutures (Folio VIII), excision of arrows from patients (Folio IX), poisoning: emetic and subsequent administration of oil of almonds, sweet milk, etc., (Folio XI), appoplexy: complete rest in bed (Folio XVI), pterygium: pass a fine instrument under it, then a needle threaded with a woman's hair, move the hair with both hands until the pterygium is loosened, then cut it from its root after it has been carefully lifted (Folio XX), cataract: insert sharp instrument (needle?) and push it (*i. e.* the crystalline lens) down until it does not return to place (Folio XXII). *N. B.* This is a good description of couching), nosebleed: cold water on head (Folio XXIV), stone in bladder: if it occludes the urethra, catheterize the patient (Folio XXV), etc., etc. Since this work of Ibn-Jazla is entirely new to me, and I presume to all my readers, and is here announced to the profession for the first time (in America at least), I give it extra space.

9. Avenzoar (Ibn Zohr, obit 1162) was the precursor of experimental medicine. His *Atheisir* is a complete treatise on empiricism in medical practice. For the common cold he advised a purgative and drinking plenty of fluids. He discovered the acarus of scabies and the proper treatment for the condition. He performed the first tracheotomy, and divided medicine into internal medicine, surgery and pharmacy. Cf. Sanjurjo *passim*.

10. Averroes (Ibn Roschd, 1126-1198) wrote several lengthy medical works. His *Colliget* is in seven volumes and treats of general anatomy, physiology, pathology, symptomatology, *materia medica*, hygiene and therapeutics in general.

A mighty and impressive list, so why should we be rude  
To Arab peoples, when we could show them our gratitude  
For the foundations of our art their ancestors have shown,  
Nor tell them to adopt the wondrous American way  
Of life—on maybe thirteen hundred calories a day!<sup>11</sup>

11. Except the rulers and their cliques, the Arabs are a pitifully poor people. During 1924-5 I travelled extensively in Arab countries and my heart was touched at the sight of starving children, and sometimes old women, along the caravan routes. But the Arabs are a courteous, hospitable and very proud people. I was astounded at the knowledge of their history, traditions and background evinced not only by the upper classes but by lowly farmers, shopkeepers, craftsmen, et al. They don't want the American high-strung way of life. They want their own calmer way of life—a little ameliorated. They also want self respect and recognition as human beings of a goodly heritage. True, their great physicians employed inert, nauseous and often ridiculous remedies, but also invaluable ones we still use today. And at the same time they were distinguished philosophers, literary artists and repositories of all the world knowledge of their day. Through our admiration of them let's make friends of their descendants.

[REDACTED]

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# Bloodtypes and Anthropology

BY WILLIAM S. POLLITZER, PH.D.\*

When we think of the differences in populations of mankind, color of the skin probably comes to mind first, then the color and form of the hair, the shape of the nose, or the stature. These bodily features, sometimes expressed as measurements or ratings on a scale, have been used by physical anthropologists for at least two centuries in the study of race.

Just 200 years ago, Linnaeus classified man into four "species": black, yellow, white and red. When Blumenbach added a fifth, brown, the five-fold or continental scheme of the races of man began its long domination of popular thinking. The value of the wide variety of hair form, from straight in the Mongoloids, through wavy in many Caucasoids, to wooly and kinky in Negroids was emphasized by Deniker in a complex classification in the 19th century. The shape of the head, whether long or narrow, has also been useful, and for decades anthropologists faithfully reported the "cephalic index" of any new people described.

A division of mankind based upon any of these physical traits unfortunately suffers some limitations. Some of the traits are difficult to measure; many are subject to changes in the environment. The sun's rays darkening the skin, nutrition adding to stature, and our own intentional alterations of hair color and hair form are examples of non-genetic modifications in the individuals. Classifications built upon such traits may also suggest erroneously an ideal or pure type, endowed with certain physical features, from which others deviate according to their degree of purity.

In 1900 two events foreshadowed a new way of studying races of mankind, for in that year the ABO blood groups were discovered and the genetic laws of Mendel were rediscovered. The

*Classification of the people of the earth once rested on certain obvious physical features alone. In this article the author suggests that inherited traits like the blood types may also be useful in the study of the relationships and mixtures of population.*

\* Dr. William S. Pollitzer is Instructor in Anatomy, University of North Carolina School of Medicine.

blood groups proved to be inherited in a precise and simple fashion. From the frequency of the blood groups in any population the frequency of the genes producing those blood groups can be readily computed. Since races are populations which are actively interbreeding or exchanging genes, any race may be actually defined in terms of its gene frequencies, even though similar ABO gene frequencies are found in such obviously unrelated people as the Eskimos and certain African tribes. New blood factors, such as the Rh, MN, and a host of others, genetically independent, have added new markers for the study of the relationships between the peoples of the earth.

The blood groups are not the only traits that have been genetically analyzed. In recent years over a dozen different kinds of hemoglobin have been discovered, each readily detectable by simple laboratory procedures and determined by different genes. Like the blood groups, they have a widely divergent racial distribution. Hemoglobin S, best known for the production of sickling of the red blood cell, and hemoglobin C are especially prevalent in the Negro. Hemoglobin E is found more frequently in certain Asiatic Mongoloids. Others await larger surveys to ascertain their anthropological value. A few other traits, such as the pattern of the fingerprints and the ability to detect the bitter taste of the compound PTC, have been analyzed genetically, and lend themselves to anthropological investigation.

An example of the significance of the blood factors in anthropology is evident from a study made by the author and Dr. Amoz Chernoff, formerly of Duke and the Veterans Hospital. Cherokee Indian school children on the reservation in Western North Carolina were typed for ABO and Rh blood factors and hemoglobin varieties. The sample was divided according to the known degree of Indian ancestry, and the blood typing results were tabulated according to this proportion of admixture. The frequency of ABO groups and the Rh factor in subjects who were approximately one-half Indian was intermediate between the frequency in those who were one-quarter or more Indian and in those who were three-quarters or less Indian. (As none of the abnormal hemoglobins was found, hemoglobin varieties could not show such a gradation in the present study.) The Cherokee data was compared with gene frequencies of an English population. The blood type frequencies were compatible with the hypothesis that the "mixed-bloods" are derived from equal admixture of "full-bloods" with people of essentially English descent.

The American Negro has been studied both by conventional anthropometry of physical features and by gene frequencies. Both methods suggest that he is today on the average almost thirty percent non-negroid in ancestry. Has this non-negroid admixture all been with Whites or has the American Indian also contributed to the amalgam? The traditional racial traits are difficult to employ with precision in this case, but the blood types suggest that the Indian contribution has been small indeed. Data, dealing with Indians of the American Southeast who might have taken part in such fusion, however, are still scarce. One of the author's current interests is the accumulation of more information about such Indian blood types.

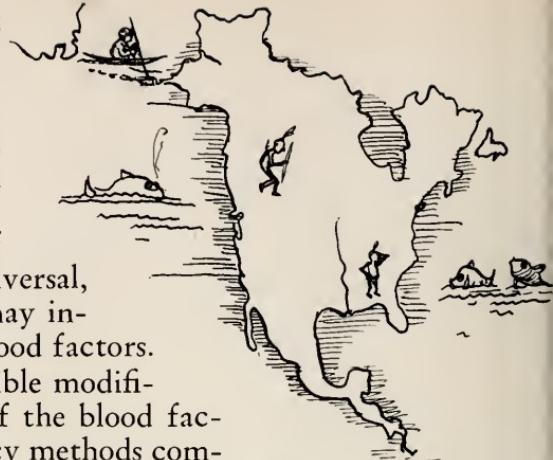
Through study of the inherited factors, a computation has been made of the *rate* at which the Negro population receives genes from the White population. If the process of mixture continues in the future at the same rate as the past, it is estimated that nearly 2000 years would be required to reach "equilibrium"—that is, no apparent biological distinction between the two groups.

By means of studies of gene frequencies it is not difficult to compute the degree of contribution of two racial stocks to a hybrid. If, however, three distinct stocks have fused to form a new population, the calculation of the degree of admixture from each ancestral group becomes far more complicated. In conjunction with the statisticians here at Chapel Hill who have pioneered in "multi-variate analysis," the author is currently using data from several North Carolina populations in studying such problems of anthropology.

The American Indian presents a unique problem of classification with respect to blood types. Most tribes studied are high in Group O, with very little A and no B. The Blood and Blackfeet tribes, centering in Montana and Alberta, however, show the highest frequency of Group A of any population in the world. The initial absence of Group B in all Indians and its high frequency in the Asiatic people from whom the Indians supposedly arose is another unexplained phenomenon. Both this difference among tribes and the difference of Indians from their Mongoloid ancestors might be due to "genetic drift"; i.e., random fluctuations in gene frequencies that apparently occur in small and isolated populations.

Still another factor that could alter gene frequencies is selection. In recent years much data have suggested a possible connection between certain blood types and disease. For example,

people with blood Group A show a higher incidence of gastric cancer than members of the same community who are in other blood groups while people in Group O show a high incidence of peptic ulcer. If such correlations are universal, the pressure of selection may influence the incidence of blood factors.



In view of these possible modifications of the incidence of the blood factors, how do gene frequency methods compare in actual practice with the classical approach of physical anthropology? Two studies made thus far suggest a high degree of agreement. Sanghvi showed that the degree of similarity between several castes of India was roughly the same whether measured by genetic or morphologic methods. The present author studied the Gullah Negroes around Charleston, South Carolina, comparing them with their African forebears, with Negroes elsewhere in the United States, and with Whites. By both methods of analysis the Gullah Negro proved to be somewhat more similar to the African, and more removed from the White, than the general American Negro.

It is worth noting the chief difference between the gene method and the physical method of racial study. With gene frequencies only whole populations can be appraised, never individuals. Classification or degree of kinship rests upon the percentage of certain genes in the population rather than upon their presence or absence. Blood types have the advantage of stability or fixity throughout the life of the individual. Blood types may also prove to have the disadvantage of random genetic drift and of selection which also presumably affect morphological traits. At present it is safe to say that, used critically in conjunction with other evidence, gene frequencies can be a valuable adjunct to archaeology, anthropology, and history. As a scholarly discipline it may help to bridge the gap between the natural and social sciences. Such studies may also serve to remind us that races are relative rather than absolute, and dynamic rather than static.

# Presenting The Alumni

## JOHN GILMER MEBANE

Gilmer Mebane's office since 1948 has been at the Rutherford Hospital in Rutherfordton, N. C., where he limits his practice to internal medicine and is a full-time member of a six man group comprising the active staff of the Hospital.



After leaving the Medical School at Chapel Hill, he took his last two years at Harvard Medical School, finishing in 1941, and thereafter serving his internship, assistant residency, and residency at Boston City Hospital on the Harvard Medical Service.

The war years saw overseas assignments as Medical Officer at the 200th Station Hospital at Recife, Brazil, and the 175th Station Hospital on Ascension Island.

After discharge from the Army, a research and teaching fellowship returned him to Boston City Hospital for 1½ years. Research during this time involved studies using the technique of cardiac catheterization.

Since settling in Rutherfordton in 1948, he has handled the medical end of the practice of the group with which he works, and has been joined by a

(Continued on page 31)

# Presenting The Faculty

## ROBERT DANA LANGDELL

Bob Langdell first came to the School of Medicine in 1949 as a fellow in pathology. Two years later he joined the faculty as an instructor in pathology, a position he held until 1954.

He was on active duty as a research officer in hematology at the Walter Reed Army Institute of Research from 1954 to 1956. The following year Bob rejoined the faculty of the School of Medicine and was named a Senior Research Fellow by the U. S. Public Health Service.

He is a native of California and received his undergraduate education at Pomona College in Claremont, Calif. His M.D. degree was awarded by the School of Medicine of George Washington University of Washington, D. C. His internship was served at the Henry Ford Hospital of Detroit, Mich.

Bob is a member of the leading American professional societies and was certified by the American Board of Pathology in Pathologic Anatomy in 1954.

He has had published in professional journals some twenty articles, mostly in the field of impaired blood coagulation.

Dr. Langdell is married and is the father of two children.





## ALUMNI NEWS ITEMS

The '49 Newsletter\*

**HOKE BULLARD**—After finishing his training in internal medicine at Vanderbilt, the Boston VA Hospital, and North Carolina Memorial Hospital, he joined the Wilson Clinic in Wilson, North Carolina, in 1957. He is associated there with Ed Rasberry and John McCain in Internal Medicine and Drs. Pittman, Fike, Goodwin, Spencer, and Pope. He married Mary Jane Schumacher and they have two children—Graham, age three, and Margaret Hayden, 1½. Hoke's chief extracurricular activities have centered around building a new house, but he has also managed to hold down a membership in the Wilson Junior Chamber of Commerce. His only trip abroad recently was to Korea in the "late unpleasantness."

**CHRIS FORDHAM**—Returned to the ivy covered walls of Alma Mater in July, 1958, where he is now an Instructor in the Department of Medicine. Chris trained in Internal Medicine at Georgetown University Hospital, Boston City Hospital, and the North Carolina Memorial Hospital before leaving for a two-year stint in the Air Force in the wilds of Massachusetts. He practiced internal medicine in Greensboro for two years before returning to Chapel Hill. He and Babs have three daughters—Pam, age 7, Susie, age 5, and Betsy, age 1.

**BILL DUNNAGAN**—Is in Chapel Hill completing a residency in radiolo-

gy. After two years as a solo general practitioner in Clayton, North Carolina, Bill decided to become a specialist. Bill and Willa have four children—Carolyn, 12, Charles, 10, Bill, 8, and Steven, 4.

**DEWEY DORSETT**—Is an Assistant Professor of Medicine in Chapel Hill after training at Grady, Barnes, and North Carolina Memorial Hospitals. He married Alice Hicks of Faiston, North Carolina, in 1956 and they have a boy, Dewey, age 13 months and are expecting again in February.

**JOHN M. GAMBILL**—P. O. Box 248, Snow Hill, North Carolina, is in general practice in Snow Hill. He trained at the Medical College of Virginia and denies both marriage and children. His solo practice allows him time for membership in the First Baptist Church in Snow Hill and recreational activities consisting chiefly of hunting and flying.

**SID GARDNER**—(Major Gardner, that is) is stationed at the USAF Hospital, Wiesbaden, Germany, Box 148, APO 633, New York, New York. Sid specialized in obstetrics and gynecology at the University Hospital, Baltimore, Maryland, and is a Fellow of the American College of Obstetricians and Gynecologists. He married Cornelius Dertzbach and they have four children—Betsy, age 6, Bob, age 4, John, age 2, and Susan, 10 months. Sid says his present tour constitutes his first and hopefully last trip abroad.

\* Edited by Dr. Dewey Dorsett, Assistant Professor of Medicine, University of North Carolina School of Medicine.

**ODELL KIMBRELL** — Gallipolis Clinic, Gallipolis, Ohio, is an internist in Group Practice. He trained at the Medical College of Virginia and the Philadelphia VA Hospital and married Annabel Dean. They have two children—Odell, III, age 5, and Cynthia Ann, age 2. He is a member of the Lions Club and the Presbyterian Church and spends his spare time cutting the grass. He lived in the wilds of South Dakota for two years but has otherwise not been abroad.

**SPINKS MARSH** — 30 West 60th Street, New York 23, New York, is a member of the Department of Radiology at the Columbia Presbyterian Medical Center in New York City. He interned at the University of Chicago Clinics and took his radiology residency at Yale. He married Catherine Ohlandt and they have not been blessed as yet by little ones. For recreational activities the Marshs go to the beach in the summer and the theatre in the winter. He was stationed in Germany for 18 months as a flight surgeon in the Air Force and describes it as a "wonderful time."

**CHARLIE MELCHOR** — 2300 North Edward Street, Decatur, Illinois, is a radiologist and is associated in practice with Dr. Kinzer and Dr. Cook of Decatur. He took his specialty training at the University of Illinois research and educational hospitals in Chicago. When Charlie left Chapel Hill he continued his scholastic ways and was initiated into AOA at the University of Pennsylvania in 1951. He has also continued his bachelor ways. He flies for recreation, having taken flying lessons in Okinawa in 1952-1953 where he was a flight surgeon with the Air Force. He is a diplomat of the American Board of Radiology.

**JESSE MEREDITH** — Department of Surgery, Bowman Gray School of Medicine, Winston-Salem, North

Carolina, is doing research and "having a wonderful time but making no money." After interning at Bellevue Hospital, he returned to Bowman Gray for surgical training. He and Lillian have three children—Wayne, age 6, Dwight, age 4, and Michael, age 2.

**JOE MILLER** — Medical Building, 155 South York Street, Gastonia, North Carolina, practices internal medicine in that city. He took three years of his training at the Medical College of South Carolina in Charleston and a fourth year at North Carolina Memorial Hospital. He and his wife, Sue, have four children—Bruce, 6, Les, 4, Robin, 2, and Suzanne, two weeks. Joe is a member of the Eagles Club and is president of the Gaston County Heart Association. He plays golf every Wednesday.

**ED MONROE** — 414 Washington Street, Greenville, North Carolina, where he practices internal medicine. Ed interned at the Medical College of Virginia, then joined the first house staff at the North Carolina Memorial Hospital where he completed his training in medicine. He has had no professional awards or honors, no community awards, no recreational activities, no interesting trips abroad, and no civic or church activities. He has done one good thing, however, and that was to marry Nancy Gaquerel. They have one child, a daughter, Martha, age 4.

**FRANK NORRIS** — 1801 Bimini Drive, Orlando, Florida, does heart and chest surgery. He interned at the Brigham and completed the residency program at Bowman Gray and holds membership in the American College of Chest Physicians and the Southern Thoracic Surgical Association. He and Sara have two children, Gloria, 12, and Gray, 5. He is a member of the First Presbyterian Church of Orlando and

family activities constitute his chief recreation.

BOB PENNINGTON—33 Bretton Road, Middletown, Connecticut, is an anesthesiologist in partnership with three other physicians of Middletown. After interning at the U. S. Naval Hospital in San Diego, California, he took his specialty residency training at the Hartford Hospital in Hartford, Connecticut. His wife is named Helen and they have two children — Linda Kate, 2½ years, and Robert B. Pennington, II, 1 year. He must spend a lot of time on the golf course because he shoots in the low 80's.

ROSE PULLY — 1007½ North College Street, Kinston, North Carolina, is in general practice in Kinston and stays so busy that she didn't have time to fill out the rest of the questionnaire. It is well known, however, that Rose is one of the outstanding doctors in eastern North Carolina.

SAM STALLARD — Reidsville, North Carolina, is in general practice with Ernest H. Reynolds. He took his training at the Henry Ford Hospital in Detroit and married Betty Ann Bennett. They have three children—

(Continued on page 31)

#### Senior Class News Notes

Student research conferences have been in progress for several weeks. Papers are presented by senior medical students with all medical students and staff being invited and urged to attend. A faculty adviser is present to comment on the research presented.

Deadline for senior papers was Monday, Feb. 2. The papers will be rated by the faculty member who worked with the student as a preceptor and also evaluated by an additional faculty member. Those papers receiving an excellent rating will be bound and placed in the library.

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## WITH THE FACULTY

### BACTERIOLOGY

Dr. David Gordon Sharp, Professor of Biophysics in the Department of Bacteriology, has been named president-elect of the Electron Microscope Society of America. He will take office as president of the society at its 7th annual meeting this summer in Columbus, Ohio. In the 17 years the society has been organized, Dr. Sharp is the first man from a southern institution to be elected to the top post of the professional group.

He has been a pioneer in the development of the electron microscope as a tool for the study of viruses. He is one of the authors of a leading textbook in the field of bacteriology and is considered one of the leaders in the field of quantitative virology. Dr. Sharp has made many major advances in measuring what may be seen by microscopes or in "quantitating viruses."

### BIOCHEMISTRY

Dr. Carl Anderson, Associate Professor of Biochemistry and Assistant Dean for Student Affairs, has been elected a fellow of the American Association for the Advancement of Science. He has been a member of the Association for the past 12 years.

Members of the Association who have made a noteworthy contribution to science are honored by being elected fellows in the Association.

### MEDICINE

The following members of the Department of Medicine attended the meeting January 22-24 in New Or-

leans of the Southern Society for Clinical Research and the American Federation for Clinical Research: Dr. Louis G. Welt, Dr. Walter Hollander, Jr., Dr. T. Franklin Williams, Dr. C. C. Fordham, III, Dr. Robert P. Davis, Dr. John C. Herion, Dr. Thomas B. Barnett, Dr. John T. Sessions, Jr., Dr. William B. Blythe, and Dr. Margaret Newton. Dr. Blythe and Dr. Newton are Fellows in the Department of Medicine.

Dr. Welt presided over the meetings of the Southern Society for Clinical Research.

Dr. Hollander was elected secretary-treasurer of the Southern Section of the American Federation for Clinical Research for the coming year.

Dr. Sessions gave a paper on "Chemical and Enzymatic Studies of Normal and Diseased Human Liver" before the American Federation for Clinical Research.

Dr. Barnett was one of the authors of a paper presented by Dr. R. M. Peters of the Department of Surgery on "Changes in Pulmonary Non-elastic Resistance with Acute Hypercapnia in Dogs."

On January 7 Dr. Kerr L. White gave a talk before the Wayne County Academy of Medicine in Detroit on "Emotional Concomitant of Congestive Heart Failure."

Recently Dr. John T. Sessions, Jr., gave a talk before the Gaston County Medical Society, Gastonia, N. C. on "Applications of Newer Concepts of Bilirubin Metabolism in the Diagnosis and Treatment of Jaundiced Patients."

Dr. Cornelius T. Partrick, Senior Assistant Resident in the Department of Medicine, of the U.N.C. School of Medicine has been recently awarded a one-year Mead Johnson Residency Scholarship.

Dr. Partrick, a native of Clinton, did his undergraduate work at U.N.C. and received his M.D. degree from the U.N.C. School of Medicine in 1954.

#### **OBSTETRICS & GYNECOLOGY**

Dr. Luther M. Talbert joined the staff December 1, 1958, with the rank of Instructor. Dr. Talbert recently finished his residency in Obstetrics and Gynecology at the University of Virginia Hospital in Charlottesville, Va.

In early January, Dr. Ross presented a lecture series at the U. S. Naval Hospital, Portsmouth, Virginia. Later in the month, he served on a panel for a meeting of the Washington Gynecological Society, Washington, D. C.

Dr. Charles Flowers gave a talk on "Prenatal, Dental, and Post Partum Care" to the Dental Wives Association in a meeting held in the main library January 13.

Dr. Hugh Hill gave a talk on prenatal care and showed a film at a meeting of the Chemistry Wives Association in the Victory Village Community Center on January 14.

Miss Barbara Moore, from Canton, North Carolina, was employed as Research Laboratory Technician in the Obstetrics - Gynecology Laboratory. She reported for duty on January 1, 1959.

#### **PATHOLOGY**

Dr. Robert H. Wagner, Assistant Professor of Pathology in Pathological Chemistry and Assistant Professor of Biochemistry and Nutrition has been named a senior research fellow by the U. S. Public Health Service.

Dr. Wagner is the fifth faculty member of the School of Medicine to be named a senior research fellow in

the past two years. The other four were Dr. Ira Fowler, Department of Anatomy; Dr. Billy Baggett, Department of Pharmacology; Dr. Robert D. Langdell, Department of Pathology; and Dr. John K. Spitznagel of the Department of Bacteriology.

The fellowship carries with it a grant of \$56,970 to cover a five-year period of research. The title of Dr. Wagner's project, which gets underway in this month, is "Molecular Pathology of Plasma Proteins in Some Hereditary Disease."

#### **PEDIATRICS**

Dr. Loren MacKinney spoke before the North Carolina Dental, Medical, and Pharmaceutical Society in Wilson, North Carolina, January 29, 1959, on "Pediatric Emergencies with Special Reference to Poisoning."

Dr. Judson Van Wyk spoke before the Radiological Society in Kinston, North Carolina, January 20, 1959, on "The Etiology and Treatment of Simple Goiter."

Mrs. Hilda Poirier, Research Technician, visited Dr. Epstein's laboratory at the Yale University School of Medicine, New Haven, Connecticut, December 22, 1958, to discuss the micro-method for serum calcium determination using colorimetric techniques.

Pediatrics grants received: \$1,000 from the North Carolina Heart Association to Dr. John H. Arnold in partial support for a project entitled "Cardiovascular Manifestations of Viral Infections."

\$1,000 from the North Carolina Heart Association to Dr. John H. Arnold in partial support for a project entitled "Cardiovascular Manifestations of Viral Infections."

\$9,815 from the United States Public Health Service to Dr. Edward C. Curnen and Dr. George K. Summer for a project "Studies on Cystic Fibrosis of the Pancreas." This amount is for the first year of a five-year grant,

the amounts of each additional year to be the same as the original \$9,815. \$673 from the North Carolina Kidney Disease Foundation to Dr. George K. Summer for "Studies on Immunochemistry of Glomerulonephritis and the Nephrotic Syndrome."

### **PREVENTIVE MEDICINE**

Dr. William P. Richardson was in Louisville, Kentucky, the week of January 18-23 for a special institute for health officers on the role of the health officer in developing community programs to meet the newer health problems, such as chronic disease, air pollution, and radiation hazards. Dr. Richardson was chairman of the planning committee set up by the Health Officers Section of the American Public Health Association, which included representation from all the major national organizations in the field of public health and preventive medicine.

### **PSYCHIATRY**

Dr. Lucie Jessner, Professor of Psychiatry at the University of North Carolina School of Medicine, conducted seminars on child analysis at the New Orleans Psychoanalytic Training Center recently.

Following the seminars, she gave a lecture at the Veterans Administration Hospital. Dr. Jessner also attended the meeting of the Psychoanalytic Association of Mexico in Mexico City where she presented a paper on psychological sequences of physical illness in childhood.

### **SURGERY**

Dr. Richard M. Peters, Assistant Professor of Surgery, spoke before a meeting of the Southern Society for Clinical Research in New Orleans January 23. His subject was "Changes in Pulmonary Non-Elastic Resistance with Acute Hypercapnia in Dogs."

Dr. Harry R. Brashear, Jr., Assistant Professor of Orthopedic Surgery, presented a paper and an ex-

hibit at the meeting of the American Academy of Orthopedic Surgeons in Chicago January 25-29.

The title of both the lecture and the exhibit was "Epiphyseal Fractures: A Study of the Healing Process." The lecture dealt with a study made by Dr. Brashear of fractures in the growing portion of bones.

The exhibit consisted of a series of drawings and photographs. This exhibit was prepared by the Medical Illustrations Department of the U.N.C. School of Medicine.

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### **Interplay of Scientific and Christian Thought**

*(Continued from page 13)*

Systematic scientific and systematic religious study may take one along similar, if not identical, paths. The starting point is interest or curiosity. In the thinking mind, this leads to hypothesis. The next natural step is to draw on the experiences of others, whether they be other scientific investigators or other Christians. One then applies his own ideas and subjects them to the test of personal experience. In science, this leads to interpretations of data, which serve as temporary truths of our physical universe. The temporary nature of these conclusions was well expressed by the professor who said that "It's not that I know that half of what I teach my students is wrong that worries me, it's that I don't know which half it is." Every scientist knows that at times his instruments, his observations and his fellow-workers are fallible. In contrast, millions of Christians who have conscientiously studied and believed in the teachings of Jesus Christ have experienced an encounter with infallible truth. No one could ask for better evidence for the validity of Christ's statement that:

"Heaven and Earth shall pass away, but my words shall not pass away."

7. Matthew 24:35.



## HOUSE STAFF NOTES

*Edited by W. W. McLendon, '56, Resident in Pathology*

Dr. Robert Senior (Jefferson, '55) is Chief Resident in Pediatrics for the year 1958-59. Following completion of his residency in June he plans to enter the private practice of pediatrics in Chapel Hill.

Interns in pediatrics for the year are Dr. John Gaskin (Duke, '58), and Dr. Magdalena Maas (University of Groningen, '55).

The Chief Residents in Surgery for the year are Dr. Earl Eversole (Tennessee, '51) and Dr. Sheldon Burman (State University of New York School of Medicine, '51). Interns in Surgery for the year are Dr. John Alksne (University of Washington, '58); Dr. Phillips Brooks (Rochester, '58); Dr. John Cross (Medical College of Virginia, '58); Dr. Dewey Pate, '58; Dr. Homer Petrou (Cincinnati, '58); Dr. Charles Phillips, '58; Dr. Charles Wallace, '58; and Dr. Paul Weeks, '58.

The following are General Practice Interns for 1958-59: Dr. Charles Hunter, '58; Dr. Harry Jameson (Wisconsin, '58); Dr. William Kessler (Rochester, '58); Dr. Ralph Park (Washington University, '58); Dr.

Ann Ruhmann (State University of New York, '58); Dr. David Satin (Harvard, '58); and Dr. John Semmelmeyer (Washington University, '58).

Dr. Anthony P. Slewka (Western Ontario, '54) joined the Pathology House Staff as an Assistant Resident in January.

Dr. Leonard S. Woodall, '56, Assistant Resident in Obstetrics and Gynecology, will be at the Margaret Hague Maternity Hospital in Jersey City for six months through June, 1959. Dr. Gerald Ansell is the exchange resident in obstetrics and gynecology from the Margaret Hague Maternity Hospital for the same period.

Dr. Harvey Adams of the Obstetrics and Gynecology House Staff has been assigned to the Robeson County Memorial Hospital in Lumberton, N. C., through June, 1959. Dr. John A. Barrett, exchange resident in gynecology from Margaret Hague Maternity Hospital, will be at Lenoir County Memorial Hospital, Kinston, N. C., through June, 1959.

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## Alumni News

(Continued from page 26)

Deborah, 5, Sam, 4, and Mary Elizabeth, 4½ months. Sam is director of the County Board of Health, director of the Rotary Club, and a director of the United Fund. When not in board meetings, he enjoys locker room bullshooting and manages to play golf every July 4th and every Labor Day. He also sometimes watches snatches of the World Series, and occasionally ventures abroad to Orange County to see a football game.

*Due to lack of space the remainder of this letter will be printed in a later issue.*

### Dr. Mebane

(Continued from Page 23)

second internist. The work is entirely a hospital practice, private and charity patients, with sufficient clinical material to carry on teaching activities for medical interns rotating through short terms at Rutherford Hospital.

There are continued connections with the UNC School of Medicine. He is a clinical instructor in medicine, chairman of District 18 of the Medical Alumni Association and a member of the Association's Visiting Committee.

Diplomate of the American Board of Internal Medicine and Fellow of the American College of Physicians, he has served as Vice President of the North Carolina Society of Internal Medicine.

Gip and his wife, formerly Harriet Elmore of Spindale, N. C., have four children: John Gilmer, Jr., 15; Jane, 11; William de Berniere, 10; and Robert, 6.

Among non-medical activities, he is a Member of the Board of Trustees of the University of North Carolina, vestryman at St. Francis Church, and enjoys hunting and photography.



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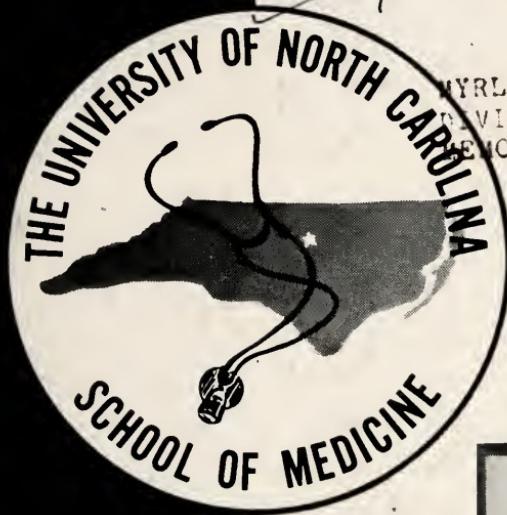
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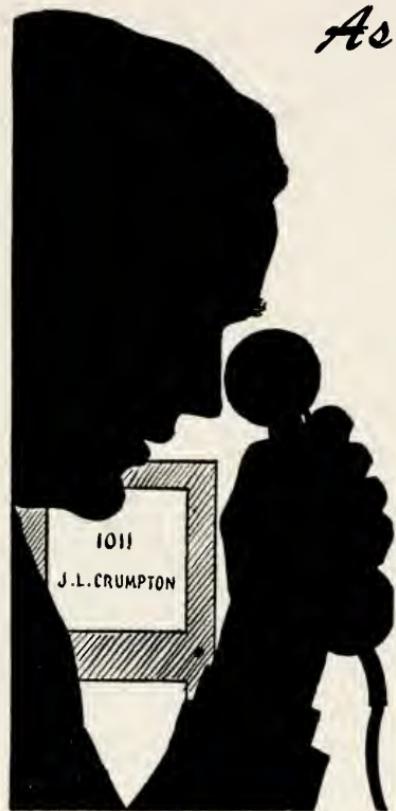


*Portrait of Robbie Page — see article on page 22.*

# the Bulletin

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of the University of North Carolina

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# *A Message from The Dean's Office*

## THE ADVISORY BUDGET COMMISSION'S RECOMMENDATIONS FOR THE NEXT BIENNIUM AND THE EFFECT ON THE UNIVERSITY AND THE MEDICAL CENTER

In their letter of March 16, 1959, to all Medical Alumni, the President, and President-Elect of the Association, Drs. Stanford '17 and Geddie '19, stated very clearly and forcefully the crippling effect which the Budget recommended by the Governor and the Advisory Budget Commission would impose on the University and, hence, on the School of Medicine. They earnestly requested your assistance in seeking a restoration of the carefully and thoughtfully planned requests of the University, which had already been very considerably reduced below the level originally sought by faculty, Department Heads, and Deans of the various schools.

Your response to this appeal has been most heartening. We are very grateful for this additional evidence of your continuing interest in, and support of, the Medical School's development. We are hopeful that sustained and unrelenting efforts on the part of all alumni and friends of the University may result in more adequate appropriations for the next biennial period for the four greatest needs:

1. Increased salaries
2. Additional faculty and staff
3. Better support for the library
4. More funds for equipment and supplies

For the Medical Center—The School of Medicine, the N. C. Memorial Hospital, and the Psychiatric Division—our greatest needs are in almost equal priority between larger funds for increased staff and for salary increases, with funds for equipment and supplies a close second. The seriousness of the situation can, perhaps, be summarized best by pointing out that for each year of the next biennium only 30 per cent and 40 per cent respectively of the total additional funds requested by the University Administration and the Board of Higher Education for the Medical Center were approved in the Governor's Budget presented to the General Assembly. Without going into all the details of the very intricate and complicated state budgetary requests, the following comments may help to document the harmful, if not severely crippling consequences, if more adequate appropriation is not provided:

1. Increased Staff—The presently recommended Budget, except for additional staff to teach a very greatly expanded enrollment in related fields outside of medicine to which we are committed, e.g. pharmacy, provides only 3-4 new faculty positions—depending upon whether one employs instructors or more experienced faculty members. In the meantime, the size of the medical

student body is increasing, as are the number of graduate students in the basic medical sciences, fellows in basic science and clinical departments, postgraduate courses for practicing physicians in the State, and the patient load in the hospital wards and out-patient clinics.

The same is true for non-faculty personnel in the Hospital—the further development of which is frozen for the next two years for all essential purposes.

2. The faculty salary scale which in 1951-52 was a low average has now become very low indeed. Recently, members of our faculty have been offered by Medical Schools in the South salaries ranging from 75 to 100 per cent higher than ours. This situation is critical and, unless State appropriations for this purpose are increased to the original recommendation of approximately 10 per cent of the current salary budget, we will most certainly lose many of our able faculty in the next two years.

3. You are all aware of the continuing increases in the cost of all medical and scientific equipment. In addition, because of the rapid advances in improving the effectiveness and accuracy of new equipment for diagnosis, for treatment, and for investigation, much of the equipment bought in the period 1951-52 has now become obsolete. This must be replaced if this institution is to continue the high quality of its services to patients, and to students.

Every effort has been made in the past and will continue in the future to secure operating funds from all possible sources. At the same time an increase in the "hard core" of state appropriation will be essential for continuing stability and growth.

In this connection you may be interested in the fact that for the fiscal year 1957-58, of the total funds available for operating the entire Medical Center—Medical School and Hospital—the State appropriation represented only thirty-five cents out of each dollar—for the Medical School Budget alone, only twenty-eight cents out of each dollar came from State appropriation. For what has been a fairly generous support from appropriations over the past seven years, the State has, in terms of values received for services rendered, made a very good return on its investment.

In a period in which this nation is faced with the necessity of providing facilities for the education of many more physicians to meet the increasing needs of the growing population—an estimated 12-20 new medical schools in the next two decades—North Carolina cannot afford to cripple its potentially largest single source of supply.

Over the past ten years, 96.5 per cent of all students admitted have been state residents and, more recently, each year more North Carolinians begin the study of medicine at the University of North Carolina than at both of the other schools in the State combined. Furthermore, 92 per cent of those who have graduated and have completed their residency training and/or the required military service and are now in practice, have located in North Carolina.

I believe we can confidently say that this is only the beginning and that as we move further from the date of the first graduating class in 1954, there will be more and more physicians who have had all or a part of their undergraduate and graduate medical education in this Center, locating in North Carolina in all fields of Medicine.

An objective appraisal from those throughout the country who know what has been accomplished here would, I think, indicate that the University of North Carolina Medical Center has come a long way since 1952 when the clinical departments began functioning even on a limited basis and the very considerable strengthening of the basic science departments began. No one realizes better than the faculty that there is still a long way to go. A very great potential is here—in the ability of the staff, their loyalty to and interest in the University and in Medicine in the State. It would be tragic to stifle or retard this potential at this stage when the school and hospital are just getting solidly established and, particularly, when the funds necessary for continued progress and development are actually modest in amount in terms of the total annual expenditures for this Medical Center—or for any first rate one for that matter—either publicly or privately supported.

In a splendidly forthright editorial entitled, "The Single Supreme Issue," the Greensboro News, on Good Friday, March 27, placed the issue before the people of the State and the General Assembly. The following is quoted from this editorial:

"If North Carolina needs and wants greatly to extend and deepen its educational activities, there is no issue of poverty involved. North Carolina is sufficiently prosperous. It is spending money for what it gets. . . .

"What President Edward Kidder Graham of the University of North Carolina said 44 years ago is true today.

"North Carolina has just as much money to spend for education as it wants to spend for education. And the one conclusion to be reached on scrutinizing the penny-pinching of the Advisory Budget Commission budget is this: It fails to put education first."

As alumni, you have an opportunity and a responsibility to see to it that the General Assembly of 1959 does put education first. Constant effort on the part of all of us throughout the weeks ahead is necessary, if this goal is achieved.

W. R. BERRYHILL, M.D.  
Dean, School of Medicine

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# The Class of 1959

**CECIL LEE BARRIER:** Cecil is 27 years old and lives in Icard, N. C. He did his undergraduate work at Berea College and U.N.C. Alpha Kappa Alpha is his medical fraternity. Single. He will do his internship at the Medical College of Virginia and plans general practice in Western North Carolina.

**JAMES TED BEST:** Ted is 26 and from Stantonburg, N. C. He attended Duke University and received his B.A. in 1955. Single. Following internship at Germantown Dispensary and Hospital in Philadelphia, he plans to do general practice in Eastern North Carolina.

**BOB WATSON BRAWLEY:** Bob is 24 years old. Hometown is Mooresville, N. C. Pre-medical work was done at U.N.C. Wife is Eleanor. Phi Chi. Bob plans to do his internship at the University of Florida and after this to do a surgical residency.

**DORIS BLACKWELL BRAXTON:** Doris is 29 and is from Burlington, N. C. She received her A.B. from Elon College in 1953. Children are Patrice and Kyle Stephen. Next year Doris will be at the University of Florida Hospital in Gainesville. She is planning a career in pediatrics.

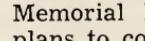


**BOBBY CRAIG BROWN:** "B.C." is 26 years of age and hails from Greensboro, N. C. He received the B.S. degree from Davidson College in 1955. Single. He will intern at Jefferson Medical College Hospital, Philadelphia, and plans a residency in obstetrics and gynecology. Practice will be in North Carolina.

**JERRY CLIFTON BROWN:** Jerry is 26 years old and comes from Rich Square, N. C. Jerry received his A.B. degree from U.N.C. in 1954. He is single. Jerry has not made his future plans.



**ROBERT CALVIN BROWN:** Bob is 29 years old and from Statesville, N. C. He attended Davidson College and Erskine College, receiving his A.B. from the latter in 1955. Married. Wife is Mary Frances. They have no children. He will intern at Memorial Hospital in Pathology and plans to continue in pathology.



**DANIEL WHITAKER DAVIS:** Whittaker is 29 years old and comes from Andrews, N. C. He completed his undergraduate work at U.N.C. in 1952. Wife is Linda. They have one daughter, Virginia Delle. Whittaker interned at Watts Hospital in Durham, and later practiced general practice in Waynesville, N. C.



**ERMAN ALFRED DESROSIERS:** "Norm" is 34 years of age, from Butner, N. C. He attended Duke University receiving the A.B. degree in 1949 and the B.D. degree in 1953. Norm and Lorraine have four boys, Bruce, Paul, David, and Mark. Next year he will be at Watts Hospital, Dur-  
n, and plans to do a psychiatric  
dency. He wants to work as staff  
chiatrist at Butner State Hospital.

**THUR EUGENE DOUGLAS, JR.:** Gene is 24 years old and is from Greensboro, N. C. He received his B.S. degree from U.N.C. in 1956. Wife, Joyce. Children are Doug, Don, and Terry. N.C. Memorial Hos-  
pital is his place of in-  
ternship. Gene plans a  
psychiatric practice in Florida.

**ERETT H. ELLINWOOD:** Everett is 24 years old and is from Greensboro, N. C. Undergraduate work was done at U.N.C. and he received his B.S. in Medicine in 1956. He is not married. Everett will intern at Watts Hospital and plans to continue his  
ical career in neurology or psy-  
try.

**BERT A. FARRELL:** Bob is 25 and hails from Troy, N. C. He attended Emory University and U.N.C. re-  
ceiving B.S. degree in 1955. His wife, Marjorie, and he have one daughter, Marjorie Still. Bob will intern in Pathology at U.N.C. and plans this



career.

**OTIS NORWOOD FISHER:** Otis is 25 and comes from Bladen-  
boro, N. C. He received his A.B. in 1955 from U.N.C. Single. Next year Otis will be at Parkland Memorial Hospital, Dallas, Texas, where he will do a straight medical internship. He plans a practice in internal medicine in North Carolina.

**JOHN BILLY GENTRY:** Bill is 24 and from Statesville, N. C. He completed requirements for a B.S. at Davidson College in 1955. Wife is Bernice. Bill will intern at Watts Hospital and plans a pathology residency and practice.

**GEORGE WESLEY GENTRY, JR.:** George is 30 and comes from Roxboro, N. C. He did his pre-medical work at Wake Forest College and received a B.S. in 1951. Married — Wife, Pauline. Daughter is Paula Lynn. George will be at Watts Hospital next year and is planning to do general practice in Roxboro, N. C.

**CHARLES FRANKLIN GILBERT:** Charlie is 26 years old and is from Benson, N. C. Undergraduate work was done at Campbell College and U.N.C. Alpha Kappa Kappa. Myra is wife and Charles Franklin, Jr., son. He will intern in the Department of Pathology at U.N.C. and eventually plans to practice internal medicine.



**WILLIAM M. GINN, JR.:** Bill is 24 and from Goldsboro, N. C. He attended U.N.C. and received the B.S. in 1956. Phi Chi. His wife is Peggy. Bill will intern at the University of Florida Hospital, Gainesville, but is not decided yet about his future practice. He is considering general practice, internal medicine and obstetrics and gynecology.

**JOEL SEXTON GOODWIN:** Joel is 24 years old and from Apex, N. C. Received his B.S. at U.N.C. in 1956. Single and a Phi Chi. He will do a rotating internship at U.S. Naval Hospital in Portsmouth, Va. After service he plans to do general practice at Apex,

N. C.

**ROBERT LORENZA GREEN:** Bob is 25 years old and is from Salisbury, N. C. Received a B.S. from U.N.C. in 1956. Wife, Alma, and one son, Robert, Jr. Phi Chi. Internship will be at U.S. Naval Hospital in Portsmouth, Va. After service he plans to practice general surgery somewhere in N. C.

**GLENN EDGAR HAIR:** Glenn is 25 years old and from Fayetteville, N. C. He received a B.S. from U.N.C. in 1956. Single and a Phi Chi, A.O.A. After rotating internship at Moses H. Cone Memorial Hospital in Greensboro, N. C., he plans to do general practice probably in North Carolina.

**WADE W. HARRELL:** Wade is years old and from Pateo, N. C. Received his B.S. degree from U.N.C. in 1956. Wife, Jeri, and no children. AKK. will do a medicine internship at Medical College of Virginia and plans to practice ophthalmology in North Carolina.

**OLIVER JAMES HART, JR.:** Jim 24 and his hometown Winston - Salem, N. Received B.S. degree from U.N.C. in 1956. Wife, Phyllis, and son, James Oliver Hart, I. Phi Chi. Surgical internship will be done at N.C. Baptist Hospital and he plans to practice urology Winston-Salem, N. C.

**DAVID LEE HOLDER:** Dave is 24 and from Lewisville, N. Received B.S. degree from U.N.C. in 1956. Wife, Nancy Ann, and daughter, Donna Jean. Phi Chi. He will intern at Brooke Army Hospital, San Antonio, Texas, after which he plans to do general practice or radiology North Carolina.

**ALBERT TYSON JENNETTE:** Tys is 25 and his hometown is Henderson, N. C. finished his pre-medical training at Duke in 1956 with an A.B. degree. His wife is Peggy. Tys will do a surgical internship at Grady Hospital, Atlanta, and plans to practice general surgery in North Carolina.

 HANK S. JOHNSTON, JR.: "Smithy" is 25 and comes from Leasburg, N. C. He completed four years at Davidson and graduated with a B.S. degree. His wife, Helen. They are expecting in the near future. Smithy will be at N.C. Memorial Hospital t year and will eventually do gen-practice.

 DAVID H. JONES: Dave is 25. His hometown is Smithfield, N. C. He attended State College and U.N.C. receiving his B.S. in 1956. Wife, Margaret. Dave will intern at James Decker Munson Hospital, Traverse City, Michigan, and will follow this

in a residency in psychiatry.

 MORRIS ALEXANDER JONES, JR.: "Pete" is 25 and comes from High Point, N. C. His undergraduate work was done at U.N.C. Wife is Margaret. He will intern at the new University of Florida Hospital, Gainesville, and plans further training in radi-

gy.

 DAVID L. KELLY, JR.: Dave is 25 and from Winston-Salem, N. C. He is a U.N.C. graduate. His wife, Sarah. David is returning to his hometown to intern at Baptist Hospital and will eventually take a surgical residency.

 JAMES A. KILEY: Jim is 32 and one of our few out-of-staters coming from Buffalo, New York. He attended the College of William and Mary receiving the B.A. degree and U.N.C. receiving the M.B.A. degree. His wife is Mary Ann and they have three children, James, Jr., Michael, and Mary Kathleen. He will intern at St. Mary's Hospital, Grand Rapids, Michigan, and plans to do general practice.

 HENRY L. KISER, JR.: Henry is 26 and comes from Bessemer City, N. C. He attended U.N.C. and received a B.S. in 1955. Single. He will intern at Tampa General Hospital, Florida, and plans to do general practice in Florida.

 CURTIS RAY LASHLEY: Curtis is 24 and from Burlington, N. C. He did his undergraduate work at U.N.C. Single. He will do a rotating internship at Cone Memorial Hospital, Greensboro, N. C. following which he plans to do general practice in Burlington, N. C.

 KENNETH B. LEWIS: "Kiki" is 25 and calls Burlington, N. C. his hometown. He graduated from Davidson College in 1955. Wife, Bonny. Kiki is planning a career in surgery following his internship at the University of Florida Hospital, Gainesville.

**ROBERT POLK LINKER:** Bob is 26 and comes from Chapel Hill. He attended the University of North Carolina graduating with a B.S. in 1955. His wife, Neltie. Following his internship at the Medical College of South Carolina, Charleston, he wants to continue his training in surgery or anesthesiology.

**WILFRED DUFFIELD LITTLE, JR.:** Will is 27 and comes from Charlotte, N. C. and Evanston, Ill. He graduated from Davidson College in 1955. Wife's name is Sally Jo. Will plans to do a specialty practice. Next year he will be at Tampa General Hospital, Florida.

**DANIEL RAWLS LUKE:** Dan is 24 and another yankee gentleman from New Preston, Connecticut. He attended U.N.C. He is married — wife, Laura Jean. They have two children, Laura Landon and Daniel Rawls, Jr. He will intern at Greenville General Hospital, South Carolina, and plans general practice in that city.

**DONALD S. MENZIES, JR.:** Don is 27 years old and from Hickory, N. C. He received his B.S. degree from Davidson College in 1953. His wife, Betty. He has one daughter, Elizabeth. He will intern at the U.S. Naval Hospital, Bethesda, Maryland, and plans eventually to do general practice in North Carolina.

**EDWARD L. MITCHELL:** Ed is 26 and his hometown is Goldsboro, N. C. He attended U.N.C. for his pre-medical work. Wife's name Doris. He plans to do general practice in North Carolina. Ed will intern at Cone Hospital, Greensboro, N. C.

**PAUL MILTON MOORE, JR.:** "Milt" is 25 from Black Creek, N. C. He attended U.N.C. and received his B.A. in 1955. Wife, Marceline. He will intern at the U.S. Army Hospital, El Paso, Texas, and will eventually do general practice.

**ARTHUR S. MORRIS, JR.:** Sherman is 24 and comes from Holly Springs, N. C. He attended the University of Alabama and graduated in 1955. Wife is Clarice Ann. Sherman will be at the Naval Hospital Portsmouth, Virginia next year, but is undecided about his future training.

**RICHARD ALAN PORTER:** "Dick" is 25 years of age and comes from Burlington, N. C. He did his undergraduate work at U.N.C. and received his A.B. in 1955. Dick will intern at General Rose Hospital, Denver, Colorado, and plans a residency in neurosurgery.

**TALMADGE REEVES:** "Tal" is 24 and comes from Whiteville, N. C. He attended Wake Forest College and graduated with a B.S. degree in 1955. Single. Phi Chi. He will intern at Charity Hospital in New Orleans and will continue his medical training in internal medicine.

**DONALD RICHARDSON:** Don is 28 and comes from Livingston, New Jersey. He graduated with the A.B. degree from Dartmouth College in 1952. His wife is Peg. He plans to intern at Watts Hospital, Durham, N. C.

**DADE RUSSELL ROWLAND:** Russ is 25 and his hometown is Black Mountain, N. C. He graduated from Wake Forest College in 1955 with a B.S. degree. His wife is Betty. Russ will be at the University of Alabama Hospital, Birmingham, and plans to general practice or internal medicine.

**LIAN WOOD SELIG, JR.:** Julian is 25 and comes from Elizabeth City, N. C. He received a B.S. from U.N.C. in 1955. Wife's name is Betsey. Alpha Kappa Kappa. Julian will go to the University of Florida Hospital, Gainesville, and is planning a career in psychiatry.

**MARTHA KORNEGAY SHARPLESS:** Martha is 25 and comes from Goldsboro, N. C. She did undergraduate work at Duke University and received her A.B. degree in 1955. Husband, Ted. Alpha Omega Alpha. Martha will be at N.C. Memorial Hospital next year for a straight pediatrics internship. She plans to practice pediatrics somewhere in North Carolina.

**ROBERT M. STEVENSON:** Bob is 25 and comes from Statesville, N. C. Single. He graduated from Davidson College with a B.S. degree in 1955. He will intern at the Medical College of Virginia, Richmond, and later plans to train in Orthopedic Surgery.

**EDWIN L. STEWART:** Ed is 32 years of age and comes from Greenville, S. C. He received his B.A. degree from Furman University in 1949. He is married—wife, Caroline. They have three children, Anne, Scott, and Mark. Alpha Omega Alpha. Next year Ed will intern at the University of Florida Hospital, Gainesville, and he eventually plans to practice internal medicine in Asheville, N. C.

**WILLIAM WAYNE SUTTON:** Bill is 29 years of age. Home-town is Greenville, N. C. He graduated from East Carolina College with an A.B. degree in 1951. AKK. Wife is Joan Elizabeth. Daughter, Susan. Bill will intern at Watts Hospital, Durham, N. C. and plans to do general practice in Eastern North Carolina.

**SHAHANE T. TAYLOR, JR.**: Shahane is 30 years old and a native of Greensboro, N. C. Received A.B. degree at U.N.C. in 1955. Wife, Betty Jane, and children, Shahane, III, and Anne. Phi Chi. He will remain here for a medicine internship after which he plans to specialize in psychiatry or ophthalmology and practice in North Carolina.

**JOHN H. THOMPSON**: John is 24 and from Richlands, N. C. Pre-medical work was at U.N.C. John is married to Patricia and has two children, Allison and Cheryl. Alpha Kappa Kappa. He will intern with the U.S. Air Force, San Antonio, Texas, and plans to do general practice in internal medicine in Eastern North Carolina.

**CHARLES E. TRADO**: Charlie is 29 years old and is a native of Henderson, N. C. Received a B.S. degree from U.N.C. in 1951. Wife, Naomi, and children, Charlotte and Melanie. He will do a rotating internship at Watts Hospital in Durham, N. C. Charlie plans to do general practice or psychiatry in Piedmont section of North Carolina.

**BENNIE B. WARD**: Bennie is 31 years old and comes from Longwood, N. C. He received a B.A. from U.N.C. in 1949. His wife's name is Jamie, and they have two children, David and Tamara. Bennie will intern at the St. Joseph's Hospital, Flint, Michigan, after which he plans to do general practice somewhere in North Carolina.

**C. CARL WARREN, JR.**: Carl is years old and a native of Charlotte, N. C. Received B.S. degree from Wake Forest College 1949. Wife, Jeck, and children, Bob, David and Mary Jo. He will do a rotating internship at Watts Hospital in Durham, N. C. after which he plans to do general practice in central North Carolina.

**HENRY GENE WATERS**: Gene is 25 - year - old native of Roanoke Rapids, N. C. Received a B.S. degree from U.N.C. in 1951. Wife, Connie. He will do a rotating internship at Georgia Baptist Hospital, Atlanta, Georgia. Gene plans to practice psychiatry in North Carolina.

**ROBERT LEE WEST**: Lee is a 24-year-old native of Dover, N. C. Received a B.S. degree from U.N.C. in 1950. A.K.K. Wife is Sara. He will do a medicine internship at N.C. Memorial Hospital and plan to practice internal medicine in North Carolina.

**DAVID LOUIS WHITAKER**: Dave is a 24-year-old native of Williamston, N. C. He received a B.S. degree from U.N.C. in 1956. Wife is Phyllis. Dave will do a rotating internship at Tampa General Hospital, Tampa, Florida. He plans to do general practice in Eastern North Carolina.



**FRANKLIN DELANO WHITE:** Frank is a 24-year-old native of Pittsboro, N. C. He received a B.S. degree at U.N.C. in 1956. Wife, Geraldine. Phi Chi. He will do a rotating internship at Watts Hospital, Durham, N. C. Future plans are for OB-GYN practice in Western North Carolina.



**ROBERT GAINES WILSON:** Bob is a 24 - year - old native of Leaksville, N. C. He received a B.S. degree from U.N.C. in 1956. Single. He will intern in U.S. Army and will probably do general practice. Place is undecided.



**GEORGE THOMAS WOOD, III:** Tom is a 25-year-old native of High Point, N. C. He received an A.B. degree from Duke University in 1955. Wife is Nancy. Phi Chi. He will intern in U.S. Army and plans to practice in North Carolina. Tom is President of the Senior Class.



**THOMAS ROBERT WYNNE:** Bob is a 24-year-old native of Greenville, S. C. He received a B.S. degree from U.N.C. in 1956. Wife is Kay, and children, Robin and Ryan. Internship will be at Greenville General Hospital, and he plans to do general practice in Greenville, S. C.

## Over Half of State's Medical Students Enroll at The University of North Carolina

Of all North Carolinians entering medical schools in this state last year, over one-half of them entered the University of North Carolina School of Medicine.

This and other data concerning medical schools enrollment has just been released in the 58th annual report of the Council on Medical Education and Hospitals of the American Medical Association.

In September 1957, for the 1957-58 school year, 160 residents of North Carolina began medical studies. Of these 129 entered the three medical schools in North Carolina.

Of these 129, a total of 66 or 51.2 per cent were freshmen at the UNC School of Medicine, which represents 41.3 per cent of the total state residents who entered all medical schools last year.

The 31 who began the study of medicine outside the state were distributed among 19 medical schools throughout the East and South.

# A Neglected Area In Medical Education

BY CLAUDE L. YARBRO, PH.D.\*

*The importance of maintaining a strong teaching program for the training of non-medical graduate students is too often a matter of unconcern. Dr. Yarbro points out the values of this program to medical education and emphasizes the need for support in securing competent students.*

The term medical education, as it is used in this discussion, encompasses the following fields: (1) the education of young men and women in the disciplines necessary to produce physicians, (2) graduate medical education including internships, residencies and training programs in medical specialties, (3) post graduate medical education consisting of programs designed to bring the practicing physician up to date with regard to new discoveries and developments in the fields of medicine, (4) ancillary fields related to medicine including dentistry, pharmacy, nursing, medical technology and public health, and, (5) graduate education in the field of the basic medical sciences. The basic medical sciences are interpreted as including anatomy and histology, bacteriology, biochemistry and nutrition, pathology, pharmacology, and physiology.

The teaching accomplished in the basic sciences lays the foundation for the continued education of medical students in the clinical areas. Knowledge of the fundamental principles of the basic sciences is necessary for the intelligent practice of medicine. For this reason it may be said that a medical school can be no better than its basic science departments. This latter statement is equally true of the clinical areas of medical education, since a complete, comprehensive knowledge of medical science would be of no value if the ability to apply this knowledge were lacking. In addition, much of the subject matter in the basic medical sciences is either useful or highly essential to other areas of the health professions such as dentistry, pharmacy, nursing, medical technology and public health. Research conducted in the basic medical sciences today, although in most cases having no immedi-

\* Dr. Yarbro is Instructor in Biochemistry and Nutrition, University of North Carolina School of Medicine.

ate clinical application, nevertheless will provide the fundamental basis of clinical practice ten, twenty or fifty years in the future.

Much has been said of the necessity of obtaining funds for scholarships and loans for medical students, yet little mention has been made of the necessity for similar funds for the support of students working toward advanced degrees in the basic sciences area. Perhaps this situation is, in part, the result of the fact that graduate students in the basic sciences are enrolled in the Graduate School of the University and not in the School of Medicine. The need for a continued and expanded program of graduate education in the basic medical sciences is self evident if the increase in the number of medical schools plus the expansion of existing schools throughout the country is considered. In addition, the number of institutes for medical research is steadily increasing and these institutes of course have their requirements for research scientists and teachers in the basic medical sciences. Added to these demands are those coming from governmental laboratories and from industries such as pharmaceuticals, food processing, fisheries and even the tobacco industry. At present the competition for well qualified scientists in the basic medical sciences among medical schools, research institutes, government agencies and industry is quite keen. In view of the above conditions the need for expansion of graduate training in the basic medical sciences is obvious.



The graduate program in the basic sciences area of the University of North Carolina School of Medicine is firmly established and courses of study leading to the Master of Science and/or the Doctor of Philosophy degrees are available in most of the basic science departments. Even though the graduate program in this area is well established, a serious problem exists. There is currently available in most of these departments only a limited amount of funds for financial assistance for graduate students, many of whom are married and have small children to support. The funds which are available are in the form of assistantships (1 to 3 per

department) where the recipient assists in the preparation for and the teaching in laboratory courses offered to medical and dental students. These stipends, when compared to the national average, are quite low, ranging from \$1,000 to \$1,500 per year, out of which the student must pay his tuition and fees. The national average for assistantships and fellowships, on the other hand, is on the order of \$1,800 to \$2,500 with some going as high as \$3,000. In many cases the tuition and fees of the assistant or fellow are also defrayed.

At present there are virtually no fellowships specifically available to graduate students in the basic sciences departments of this medical school. To be sure, pre-doctoral fellowships may be obtained from such organizations as the National Science Foundation, the National Research Council, the Public Health Service and more recently through the National Defense scholarship program. This latter program, however, is aimed primarily toward the physical sciences area for students whose intention is to remain in academic endeavor. However, these fellowships are usually granted on a competitive basis at the national level, and individual departments in a medical school have no assurance that a given student who might apply will receive such a fellowship. The urgent need of the basic medical sciences departments for their graduate education program is the immediate availability of fellowships which could be awarded to outstanding students for the support of their work toward advanced degrees.

This lack of funds for the support of graduate students places the basic sciences departments of the Medical School in an unfavorable position in the competition with other schools for the better graduate students. Annually a number of applications for admission to graduate training are received from well qualified and in some cases outstanding students. In a very large majority of cases these applications are accompanied by requests for financial support in the form of assistantships or fellowships. Although these students are advised that they will be gladly accepted as graduate students, the lack of funds for their financial support has usually led to their entering graduate training at other institutions where support at higher levels is available.

Although some funds are available from the research grants of individual faculty members, these funds are of little use to the graduate student during the first two years of his graduate study since, during this period, he is expected to carry a full academic load, in order to complete the residence requirements of the graduate school. After completion of most of the academic work,

the good student can reasonably expect to receive financial support by working as a technician or research assistant under a research grant. Also there are predoctoral fellowships for the support of dissertation research available from such sources as The National Science Foundation, The National Research Council, The Public Health Service, and in some cases from philanthropic organizations.

The desperate need for a continued and expanded graduate program in the basic medical sciences is for funds for bringing present assistantships up to levels where they can compete with those offered by other institutions and for the creation of fellowships for the support of well qualified and deserving graduate students during their first two years of work. These fellowships would, of course, be granted on a yearly basis with renewal contingent upon satisfactory work by the student. A number of such fellowships (from 1 to 5 per department per year) could be used in most of the basic sciences departments. These fellowships should be in the range of \$1,800 to \$2,500 per year, the last figure being more desirable unless arrangements to defray tuition and fees could be made. After these students have completed most of their academic work, i.e. at the end of two years, their financial support could and most likely would be continued on funds from research grants or from predoctoral fellowships from the sources previously mentioned.

Unless funds such as these are to be found, the graduate program in the basic sciences departments will continue to be severely limited. In view of the ever increasing competition for well trained teachers and research scientists in the basic medical sciences, it appears likely that the caliber of training in the basic sciences area may suffer and as a result that of the whole field of health education. One other point remains to be discussed. The existence of a strong graduate program in the basic sciences area would make the recruiting of faculty of the professional standing desired much easier, since the professional reputation of a school or university is in most instances directly related to the research activities of the institution. This research, in most cases where the faculty member has a sizeable teaching load, is largely carried out by graduate students under the direction of the faculty member.

At the risk of seeming repetitious, let it be emphasized that the basic science departments of the School of Medicine are urgently in need of adequate funds for the support of their graduate education program.

## New Hospital Addition Dedicated

# “My Son’s Dream Has Come True”

BY ROBERT H. BARTHOLOMEW\*

It was some eight years ago when a sick child said to his parents, “I want to have all of my birthdays right now so I can grow up and help little children.”

The six-year-old youngster did not grow up, he died soon afterwards of polio. Yet, without growing up, the child’s wish has come true. A new addition in the children’s section of N. C. Memorial Hospital at the University of North Carolina was dedicated March 14 in memory of Robbie Page. The new addition will serve children from throughout the state who come to the hospital as patients.

In a brief and impressive ceremony, Robertson Page, of New York, father of little Robbie Page, said, “My son’s dream has come true.”

The new addition to the hospital was started last fall and was recently completed at a cost of \$55,000. The Sigma Sigma Sigma sorority furnished over half the cost of the project with the remainder coming from the N. C. Medical Care Commission. Mrs. Robertson Page was president of the sorority at the time of her son’s death. The sorority is a national social organization and a member of the Pan Hellenic Council.

During the ceremonies a picture of Robbie Page was unveiled by the child’s sister, Susannah Walton Page. It is located in the main play area of the new structure.

Mrs. H. W. Morrison of New Britain, Conn., national chairman of the Robbie Page Memorial Fund, told how the money was raised to aid the UNC Hospital. “There have been dozens of projects by local chapters throughout the United States working on this project,” she said. “Outside organizations also have helped us, among these were the boys of Boys’ Town.”

Mrs. Morrison pointed out that during the entire campaign to raise funds, not one penny was spent on administrative expenses. She said her organization looked forward to continuing

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\* Mr. Bartholomew is Public Information Officer of the Division of Health Affairs.



support of Memorial Hospital and the department of pediatrics of the UNC School of Medicine.

Dr. E. C. Curnen, head of the UNC Dept. of Pediatrics, thanked the sorority and the N. C. Medical Care Commission for making the new addition possible.

Presentation of the new structure was made by Mrs. Curtis C. Dixon of Wheat Ridge, Colo., president of the national sorority. "We pledge support for the future," she said, "and look forward to many years of service to the children of N. C. Memorial Hospital."

UNC Chancellor William B. Aycock accepted the new wing on behalf of the University. "The Tri Sigma has given joy and happiness to the thousands of children that will come to Memorial Hospital in the future. This new structure will be put to the service of humanity," he explained.

The building project has consisted of enclosing some 2,000 feet of floor space, formerly an open terrace on the hospital's seventh floor.

The newly enclosed space will be used primarily as a play area for the children, however it does contain an office and a conference room. The entire area is air conditioned.

# He Fed Fever

BY MRS. CHERRY PARKER\*

From 1850-1887, Carolina Female College (down in Anson County) really flourished. Young ladies from all over the south were sent by stagecoach to this North Carolina Boarding School. There they learned the social graces. They studied music under the teacher imported from Germany. They drank water from the famous mineral springs nearby.

Now, all that is left of Carolina Female College is a marker. A marker and a weedy field and a cemetery.

In 1887, following two typhoid epidemics, the doors of the College were closed forever.

Similar history was in the making in other sections of the state.

During this period many families were broken up after invasions by the typhoid bacillus—in many a country graveyard, tombstone epitaphs will attest to this.

Some old timers can still tell you about "when I had the fever." They will tell you how they were given purgatives and fed a liquid diet—sometimes only water. They will describe how they "nearly just about starved" and how "we closed all the windows because we were told fresh air was bad for the fever."

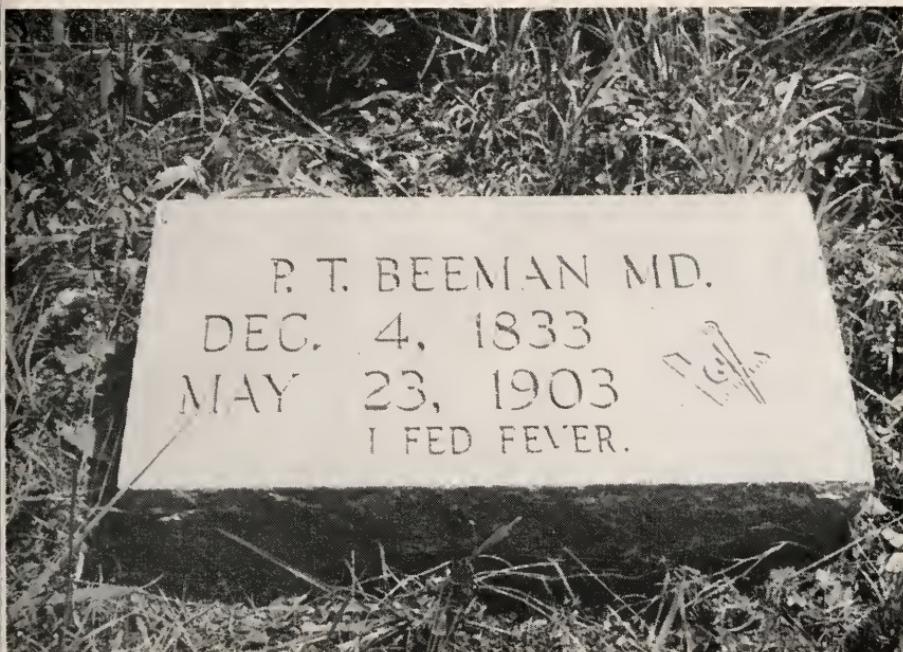
However, at least one doctor of the times was trying something different.

Over near Union County, not far from the once famous Carolina Female College, Dr. Thomas Beeman, a horse-and-buggy country doctor, was telling his typhoid patients to eat anything from the crackers and buttermilk then advocated by most of his fellow M.D.'s to fried country ham and eggs. Dr. Beeman opened his patients' mouth and made them eat. He raged into their tightly shuttered homes and opened his patients' closed windows and let them breathe. He asked that his epitaph be, "I Fed Fever," and on his tombstone these words are engraved, a memorial to a crusader who did just that.

It is reported in Dr. Beeman's community that he had very good success with his typhoid patients.

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\* Mrs. Parker is an instructor in the School of Nursing of the University of North Carolina.



Dr. Beeman, of course, treated other diseases. His old office still stands, in front of a country home lived in by his granddaughter. It is a small office with a front porch and often, his relative reports, patients would spend the night writhing on the porch waiting for daylight to come since Dr. Beeman's fees went down with the first streak of dawn.

Dr. Beeman's old surgical instruments, including some "bleeders," are still at the old family homeplace. His old medical books are there. There are medicine jars, some still containing the mixtures he used. You walk into the setting, and it is almost possible to believe that the old country doctor is still around.

That is, until you notice the dates on the books, see the rust on the instruments.

Until you walk across to the road to the family graveyard, look at the tombstones, and read "1833-1903. I Fed Fever."

# Presenting The Alumni

DR. T. J. TAYLOR

Dr. Taylor was born near Enfield on October 6, 1911. He attended the University of North Carolina School of Medicine for two years and completed his course at the Jefferson Medical College of Philadelphia in 1934. His internship was served at St. Elizabeth's Hospital in Washington, D. C. from 1934 to 1936.



Dr. Taylor practiced medicine in Scotland Neck in 1937 with Dr. C. H. Neville. He moved his practice to Roanoke Rapids the following year.

He has continued to practice in Roanoke Rapids since that time with the exception of a five and one-half year period in the army during World War II. During the war he served with the 30th and 89th Infantry Divisions.

At the present time Dr. Taylor is engaged in general practice with Drs. W. D. Hall and M. C. Maddrey. He is District Chairman of District VII of the Medical Alumni Association.

He was married in 1936 to the former Miss Doris Darling of Endicott, N. Y. They are the parents of two children. Doris Darling is a senior at the University of North Carolina and Kathryn Moore is a senior in the Roanoke Rapids High School.

DR. DAVID L. PRESSLY

Dr. Pressly attended Erskine College at Due West, S. C., before entering the School of Medicine. He completed the first two years of his medical education in Chapel Hill in 1940 and took his M.D. degree from the Jefferson Medical College of Philadelphia.

His internship was served at the Pennsylvania Hospital and the Children's Hospital of Philadelphia.

Dr. Pressly served with the army in World War II, being with the Battery Aid Station of the 88th Infantry Division. He was awarded the Bronze Star Medal for meritorious service in the Italian campaign.

Since the war he has been engaged in general practice at Statesville.

He has been very active in the civic and religious life of Statesville and is a member of the Governor's Commission on Cancer. He is District Chairman of District XV of the Medical Alumni Association.

Dr. Pressly is a well known breeder of Hereford cattle. His friends say he is the best hog poler in the Medical School's 1940 Class. The formal gardens around his home are considered one of Statesville's show places.

He is married to the former Miss Anita Arneson of San Antonio, Texas. At the last count they were the parents of five children.



# Presenting The Faculty

DR. LOREN GREENWOOD MacKINNEY

Dr. MacKinney was educated at Harvard, receiving his M.D. degree in 1945. The Missouri native received his intern and resident training at the Boston Children's Hospital and the Massachusetts General Hospital of Boston.

He was on active duty with the navy from 1946 to 1948 and remained in the Naval Reserve on an inactive status until 1956.

Prior to joining the faculty of the School of Medicine last year, Dr. MacKinney held academic positions with the University of Buffalo, 1951-55, and the University of Pittsburgh, 1955-58. He was a visiting assistant professor here at UNC during 1952-53.

The assistant professor of pediatrics is a member of the Society for Pediatric Research and a licentiate of the American Board of Pediatrics.

Dr. MacKinney is the author and co-author of a number of scientific articles that have been published in professional journals.

Dr. MacKinney is married to the former Miss Deloris Chapman and they are the parents of three children: Marian, 9; Abby, 7 and Loren, 6.

As a student at Chapel Hill High School Dr. MacKinney starred on the Chapel Hill football team and later on the Harvard football team was the scourge of Yale.

His hobbies are refinishing antiques and gardening.

Dr. MacKinney is the son of Dr. Loren Carey MacKinney, Kenan professor of medieval history at UNC. The elder Dr. MacKinney has been a faculty member here for 29 years.

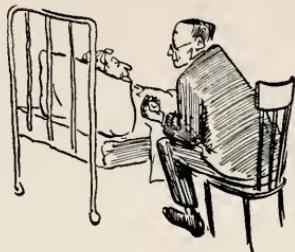
DR. JOHN HARRIS SCHWAB

Dr. John H. Schwab came to North Carolina as an instructor in the Department of Bacteriology and Immunology of the School of Medicine in 1953 and has been an assistant professor since 1955. He is a native of Minnesota and was a teaching assistant in bacteriology at the University of Minnesota from 1949-1953. He received the B.A., M.S., and Ph.D. degrees from that institution.

His principal area of research interest is in the field of immunology, being specifically concerned with the nature of the toxic components of streptococci and the mechanisms by which these organisms damage tissue. In addition to his teaching responsibilities to students from various schools of the Division of Health Affairs, he has organized and conducts a graduate course in immunology and immunochemistry.

Dr. Schwab is a member of the Society of Sigma Xi, Society of American Bacteriologists, and the American Association of Immunologists, as well as local societies, and has published a number of papers in professional journals.

Dr. Schwab is married and has two children.



## ALUMNI NEWS ITEMS\*

**BOB PASCAL** — Bob returned to home town of Valdese to do general practice. He interned and took a residency in General Practice at the Methodist Hospital, Brooklyn, New York. Bob is still single and this factor was of undoubted importance in permitting him to take a nice trip to Italy, France and Switzerland in 1956 and a cruise to Scandinavia with the medical faculty of Duke University in 1957. When not on cruise Bob collects and refinishes Early American Furniture. He is also a deacon in the Waldensian Presbyterian Church and a member of the Lions Club, American Legion and "40 and 8."

**JACK SUMMERLIN**—3949 North Caroline Avenue, Indianapolis, Indiana, is a specialist in Otorhinolaryngology and Bronchoesophagology and is a full-time staff member of the Indiana University Medical Center where he took his specialty training. He is a member of the American Board of Otorhinolaryngology. He married Katherine Thompson and they have three children—Leithia, 7, Don, 5, and Scott, 2.

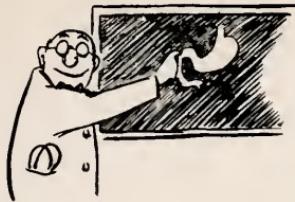
**ED SUTTON**—Is in general practice in Rockingham. He interned at the Medical College of Virginia and took a residency in medicine at the North Carolina Memorial Hospital. In 1957 he was President of the Richmond County Medical Society and

was chief of staff of the Richmond County Memorial Hospital in 1957-1958. Ed is an elder in the First Presbyterian Church, a member of the Board of Directors of the Civitan Club, and on the board of the Rockingham Chamber of Commerce. He is also president of the Richmond County Tuberculosis Association and co-chairman of the United Fund. He golfs and fishes for recreation and while he has not been abroad, he has seen a great deal of the outlying communities of "Tin Top," "Honeytown," "Wolfpit," and "Black Bottom." He married Jeanie Partin and they have two boys—Ed, Jr., 3½, and Bob, 7 months.

**EARL TREVATHAN**—Practices pediatrics in Greenville. He trained at the Medical College of Virginia in Richmond. He is a deacon in the First Presbyterian Church and a member of the board of directors of the Greenville Rotary Club. Earl golfs, camps, and hunts in his spare time. He and Ruth have three children—Wenda, 11, Tom, 8, and Sue, 4.

**WADE WILLIAMS**—Is in general practice in Englewood, Fla. Wade took his post-graduate training in the Navy and has recently served as Chief of Staff of the Venice Hospital. He and Katherine have three children—Becky, 8, Davis, 7, and Christopher, 3. That Wade has done well is obvious by the fact that he is a member of the Englewood bank advisory committee. He builds boats and fishes for recreation.

\*The '49 Newsletter, edited by Dr. Dewey Dorsett, Assistant Professor of Medicine, U.N.C. School of Medicine, is continued in this issue.



## WITH THE FACULTY

### MEDICINE

Dr. Charles H. Burnett, Professor and Head of the Department of Medicine, left recently for a seven-week lecture and study tour of medical centers in Puerto Rico and five South American countries. He is visiting Columbia, Peru, Chile, Argentina and Brazil and is accompanied by his wife. The tour is being sponsored by the Rockefeller Foundation.

The tour is related to the \$250,000 program of general development for the Department of Medicine announced last year. The funds for this development program also are being granted by the Rockefeller Foundation and will cover a five-year period.

With the aid of last year's grant, the Department of Medicine has an opportunity to extend its educational services through cooperation with foreign medical centers, especially those of the South American countries.

Dr. John T. Sessions, Associate Professor of Medicine, took part in the 12th Annual Stoneburner Lecture Series and Symposium on Gastroenterology at the Medical College of Virginia in Richmond as a guest lecturer.

### OBSTETRICS AND GYNECOLOGY

Dr. Robert A. Ross, Professor and Head of the Department of Obstetrics and Gynecology, was installed as president of the Tri-State Medical Society at a meeting in Winston-Salem, North Carolina, on March 17. He also served as Visiting Professor at a postgraduate course for general practitioners of the Iowa Academy of

General Practice. His topics were "Threatened Abortion" and "Ectopic Pregnancy." The meeting was held in Iowa City, Iowa.

Dr. Charles E. Flowers, Jr., gave a talk to the local chapter of the American Cancer Society in Lumberton.

### PATHOLOGY

Dogs that lead a man's life—the story of canine hemophilia—was discussed by Dr. John B. Graham, Professor of Pathology, at the University of Michigan Monday, March 23.

### PEDIATRICS

Dr. Edward C. Curnen was the moderator of a panel on "Immunizations" during the pediatric clinical session at the Watts Hospital Symposium in Durham, North Carolina February 12, 1959. He was one of the discussants at a symposium, "Perspectives in Pediatric Virology," held at Children's Hospital, Washington, D. C., February 26, 1959. Also Dr. Curnen spoke on "Enteroviruses and Human Disease" and "Some Viral Infections of the Central Nervous System" before the Virginia Pediatric Society, Williamsburg, Virginia, February 27 and 28, 1959.

Dr. Herbert S. Harned, Jr., attended a meeting of the American Academy of Pediatrics First District IV Conference on Medical Education sponsored by the Meharry Medical College and Vanderbilt University School of Medicine, Nashville, Tennessee, March 19th and 20th, 1959.

Dr. George K. Summer spoke on "Application of Electrophoresis in Clinical Diagnosis" before the staff at the Cone Hospital in Greensboro February 25, 1959.

Dr. Summer attended the program of the 12th annual Stoneburger Lecture Series and Symposium on Gastro-enterology held at the Medical College of Virginia in Richmond March 11-13, 1959.

Dr. Judson J. VanWyk spoke in Philadelphia before a meeting of the Philadelphia Pediatric Society and the Philadelphia Pediatric Endocrine Society February 10, 1959, on "Causative Factors in Simple Goiter."

### PHYSICAL THERAPY

A seminar on Physical Therapy Education and Current Programs Contributing to North Carolina's Health was held at the University of North Carolina School of Medicine Friday and Saturday, March 20-21.

Some 50 physical therapists from throughout the state attended the two-day program. The seminar was sponsored by the Section of Physical Therapy of the UNC Medical School.

The speakers for the Friday morning session were Mabel M. Parker, Margaret L. Moore, Rachel L. Nunley, and Mildred L. Wood, all of the UNC Section of Physical Therapy; Helen Kaiser, Duke University, Durham; Evelyn McNeil, Watts Hospital, Durham; Anne Parrish, State Board of Health, Raleigh, and Sue Hirt, Medical College of Virginia, Richmond.

Those appearing on the Friday afternoon program were Barbara C. White, University of Florida; Miss Hirt; E. Sue Flowers, UNC Section of Physical Therapy; Virginia Whitfield, Pittsburgh, Pa.; Kathryn E. Phillips, Warm Springs, Ga.; Ray M. Litaker, Greenville, S. C.; Jacqueline Maiden, Charleston, S. C.; and Elise

Rutledge, UNC Section of Physical Therapy.

The participants in Saturday morning's session were Dr. William P. Richardson, Assistant Dean in Charge of Continuation Education, UNC School of Medicine; Dr. Charles M. Cameron, Associate Professor, UNC School of Public Health; Dr. Carl W. Gottschalk, Assistant Professor, UNC School of Medicine; Jack McGee, The National Foundation, Raleigh, and Bernard Passer, Society for Crippled Children and Adults, Chapel Hill.

### PSYCHIATRY

Dr. D. Wilfred Abse, Professor of Psychiatry, University of North Carolina School of Medicine, was guest speaker at the Second Annual Psychiatric Symposium of the Bradley Center in Columbus, Georgia, on March 13-14. Dr. Abse spoke on "Principal Types of Psychotherapy and Indications for Their Usage."

Six papers were recently presented by personnel of the Department of Psychiatry at the American Psychiatric Association Regional Research Conference in Little Rock, Arkansas.

Dr. George Bernard presented "Epileptogenic Effects of Promazine Hydrochloride." "Attitudes of Auxiliary Personnel Administering Electro-Convulsive and Insulin Coma Treatment" was given by Dr. J. T. Monroe and Dr. W. C. Roffin. All three physicians are members of the house staff of the Department of Psychiatry.

Four papers were presented by students of the School of Medicine. The students and the title of their papers were C. R. O'Briant, "The Process of Socialization into the Patient's Role"; Norman Desrosiers, "Goal-Limited Psychotherapy"; C. R. Trado, "An Evaluation of Non-verbal Communication in Psychotherapy and in Psy-

chiatic Interviewing" and J. D. Bulla, "Further Studies in Meprobamate Habituation."

Dr. Hans H. Strupp, Director of Psychological Services at the North Carolina Memorial Hospital presented a paper, "Some Comments on the Therapist Variable in Psychotherapy Research" at a workshop on the evaluation of the effectiveness of psychotherapy at the annual meeting of the American Orthopsychiatric Association in San Francisco March 29-April 1.

#### RADIOLOGY

Dr. Charles A. Bream and Dr. William H. Sprunt were elected to Fellowship in the American College of Radiology at a special convocation of the College in Chicago in February. Fellows are elected from the membership of the College, after a period of at least five years membership, on the basis of outstanding contributions and service to the specialty of radiology.

Dr. Ernest H. Wood, Trustee of the American Board of Radiology, attended a special meeting of the Board in Cincinnati, Ohio, on March 15, prior to his participation in Board examinations of physicians seeking certification in the specialty of radiology, during the following three days. Also, during the week of March 23, Dr. Wood was a guest faculty member for a postgraduate course in neuroradiology given at the Columbia Presbyterian Medical Center in New York City. This program was one of several given to commemorate the 50th anniversary of the founding of the Neurological Institute of New York.

Dr. George Leigh Irwin, Senior Resident and Assistant in Radiology, has been appointed to the staff of the Greenville (S. C.) Hospital where he will assume his new duties as Radiologist in July. Dr. V. C. Daniels, Third Year Resident in Radiology,

(Continued on page 33)



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## STUDENT ACTIVITIES

The second year class has now placed two quarters in the past history file and several noteworthy events can be looked back upon.

No marriages were reported, but Fathers Day will hold special meaning for three of our colleagues when June rolls around. Bill Kouri, William Owens and David Bruton joined the ranks of "Old Family Men."

Several weddings are planned for this coming summer with ceremonies to be performed from Carolina to California. The Bachelors Club is fast

attaining the rank of becoming the most exclusive organization around the Medical School. While reflecting on the autonomy of the Bachelors Club, this author recalls the words of one of the erstwhile leaders, who was bold enough to predict that he would finish med school foot-loose and fancy free. That was seen to fall a short time later clutched in the prey of a fair young damsel.

It would be only fair to report that exam tension was adequately relieved

(Continued on page 33)

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(Continued from page 31)  
will begin the private practice of radiology in St. Petersburg, Florida, in July.

### SURGERY

Dr. Warner Wells of the Department of Surgery spoke recently at the University of Michigan on Japan and the Japanese people.

Dr. Wells is editor and translator of the recent best seller, "Hiroshima Diary." Following World War II, Dr. Wells spent three years in Japan as a member of the U. S. Atomic Bomb Casualty Commission. At this time he made a study of the long-range medical effects of atomic bombing.

For the seventh time a member of the faculty of the University of North Carolina School of Medicine has been named a Markle Scholar in Medical Science.

This marks the fourth consecutive year UNC has received this honor.

Dr. W. Reece Berryhill, Dean of the School, was notified recently that Dr. Robert Zeppa, Instructor in Thoracic Surgery of the Department

of Surgery, had been named a Markle Scholar.

The award carries a cash grant of \$30,000 payable at the rate of \$6,000 a year over a five year period. It is considered one of the highest honors for promising young men in the field of academic medicine.

The purpose of the program is "to strengthen medical education by offering academic security and financial help to teachers and investigators in medical schools early in their careers."

Dr. Zeppa is the first scholar appointed in the UNC Department of Surgery. Three have been appointed in the Department of Medicine, two in the Department of Pathology and one in the Department of Pediatrics.

### Student Activities

(Continued from page 32)

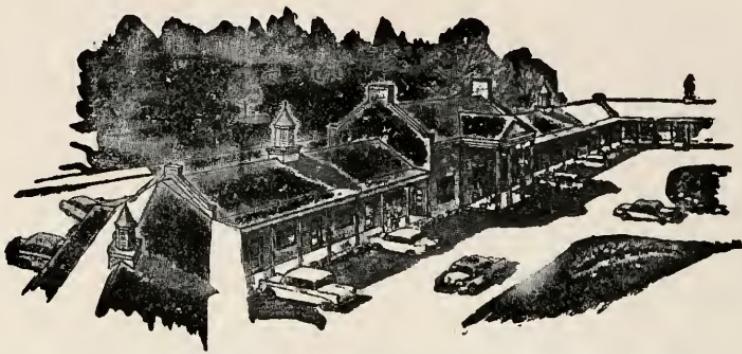
on all quarters. Several groups retired to the sea for fresh air and relaxation. No cases of sunburn were reported.

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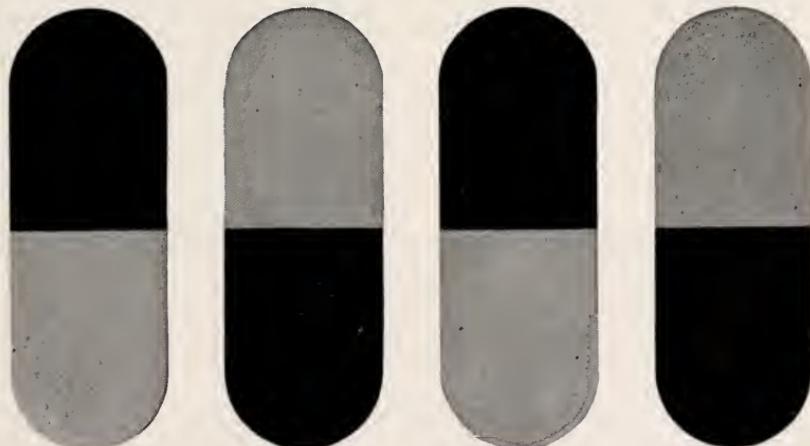
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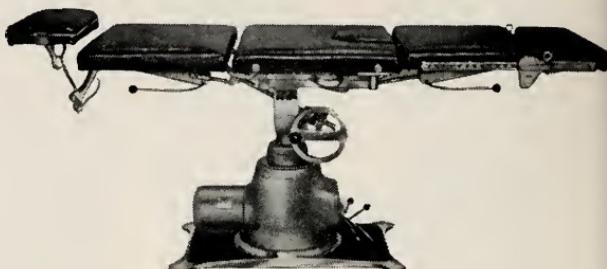
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